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U. of NORTH CAROLINA

Farbenfabriken vorm. Friedr. Bayer & Co.'s Pharmaceutical Specialties

Uric Solvent

PIPERAZINE =BAYER

Antilithic

FOR LITHIASIS, acute and chronic gout, and the uric acid diathesis generally, no remedy has succeeded so well as PIPERAZINE. In renal colic and hæmaturia also, it is efficacious. PIPERAZINE-BAYER is made by a new process whereby its cost is greatly reduced, and is supplied in half and one ounce vials, also in tablets.

EUROPHEN is a complete substitute for Iodoform. It is an ideal cicatrisant for wounds, catarrhal or ulcerative lesions, and has a special value in general surgery, venereal diseases and dermatology. Europhen is non-toxic, has an agreeable odor, and five times more covering power than Iodoform. Europhen is supplied in ounces.

Iodoform Substitute

EUROPHEN

Antisyphilitic

Hypnotic

SULFONAL =BAYER

Nerve Sedative

FOR INSOMNIA and the neuroses SULFONAL-BAYER is a reliable, safe and active remedy, inducing physiological sleep, free from narcosis, and without sequelæ. Sulfonal should always be administered thoroughly dissolved in boiling water, which is allowed to cool until it reaches the drinking point. Supplied in ounces, tablets and pills.

IN rheumatic affections, migraine and influenza SALOPHEN is recommended as the most energetic and eligible remedy now employed for these maladies. Salophen is a salicylic derivative of a non-toxic phenol. It is supplied in ounces, tablets and pills. In very painful conditions, and in influenza, Salophen may be combined with Phenacetine.

Antirheumatic

SALOPHEN

Antineuralgic

Uric Solvent

LYCETOL =BAYER

Antilithic

LYCETOL, the tartrate of dimethylpiperazine, is a uric acid solvent possessing certain advantages: Freedom from hygroscopic qualities, pleasant taste, and great capacity for rendering the blood alkaline. Lycetol is suitable for prolonged administration, is well tolerated by the most sensitive patients, and is completely devoid of toxic effects.

Trional = Aristol = Losophan = Phenacetine=Bayer = Somatose

PAMPHLETS FORWARDED ON APPLICATION.

W. H. Schieffelin & Co., New York.

DIABETIN---Schering.

The only innocuous and palatable sugar to be used in diabetes, possessing the particular advantage of being a nutriment to diabetic patients. Diabetin is highly endorsed by Professors Ebstein, Kuelz, Leyden and others.

FORMALIN—Schering.

An ideal germicide, disinfectant, deodorant and antizymotic, having the same germicidal power as corrosive sublimate without it toxicity. Invaluable in the disinfection of the sick-room, furniture, clothes, books, brushes, etc.

RUBIDIUM IODIDE—Schering.

Recommended by Professors Neisser, Von Mering, Bunge and others, as a substitute for potassiam iodide. Rubidium Iodide is well borne by the stomach and does not affect weak hearts, while being just as effective as the potassium salt.

TRIKRESOL—Schering.

Unlike creolin and lysol it contains the cresols: Ortho-cresol, meta cresol and para cresol in a pure state and is always of uniform 100 per cent. strength. It is a water-white, clear liquid of pleasant creosote-like odor and dissolves in about 40 parts of water, which proves that it is absolutely free from neutral oil, naphthaline, etc. Trikresol will not corrode metals. Trikresol is cheaper than the impure cresol products, creolin and lysol, considering the active component parts of cresols in the former.

Creosote Carbonate (Creosotal)—Von Heyden.

The best form of Beechwood Creosote, devoid of its harmful properties. It contains 92 per cent. of the purest beechwood creosote in chemical combination with 8 per cent. of carbonic acid. Its action is non-caustic and non-irritating to the mucous membrane of the digestive organs, contrary to that of creosote; and it will agree perfectly with the most sensitive patients.

Phenol and Betanaphtol Bismuth—Von Heyden.

Have been used with great success by Prof. von Nencki, Drs asens'k Schubenke, Blackstein and Petkewitsch in the treatment of acute and chronic gastro-intestinal catarrh, acute proctitis, bacillary diarrhœa, etc.

Tribromphenol Bismuth—Von Heyden.

Has been recommended by Prof. Ferdinand Hueppe, who found it superior to calomel, as a specific against Cholera Asiatica. In grave cases the kidneys returned to their normal condition almost completely when Tribromphenol Bismuth was used.

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(CHEMICALLY PURE.)

Each fluid drachm represents 15 grains of Combined Bromides.

Uses: Uterine Congestion, Headache, Epilepsy, and all Congestive, Convulsive and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

AVOID THE USE OF COMMERCIAL BROMIDE SUBSTITUTES.

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USES:

ALL DISEASES CAUSED BY HEPATIC TORPOR.

Does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

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PEACOCK CHEMICAL CO., - ST. LOUIS.

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FOR

INDIGESTION AND MALNUTRITION.

Specially indicated in Phthisis and other Wasting Diseases.

DOSE.—One or more teaspoonfuls three times a day. For Babies, one to ten drops during each feeding.

CACTINA PILLETS

INDICATED IN ABNORMAL HEART ACTION.

Given with Antipyretics TO PREVENT Cardiac Depression.

☞Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

SULTAN DRUG CO., St. Louis and London.

The Demand For,

a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

A Perfect Laxative

the California Fig Syrup Company manufactured, from the juice of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

is met by Our Method

of extracting the laxative properties of Senna without retaining the griping principle found in all other preparations or combinations of this drug. This method is known only to us, and all efforts to produce cheap imitations or substitutes may result in injury to a physician's reputation, and will give dissatisfaction to the patient; hence, we trust that when physicians recommend or prescribe "Syrup of Figs" (Syr. Fici Cal.) they will not permit any substitution. The name "Syrup of Figs" was given to this laxative, not because in the process

# of Manufacturing

a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

"SYRUP OF FIGS"

as a laxative is one or two teaspoonfuls given preferably before breakfast or at bed time. From one-half to one tablespoonful acts as a purgative, and may be repeated in six hours if necessary.

"Syrup of Figs" is never sold in bulk. It is put up in two sizes to retail at fifty cents and $1.00 per bottle, and the name "Syrup of Figs" as well as the name of the California Fig Syrup Company is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP COMPANY

SAN FRANCISCO, CAL.

LOUISVILLE, KY. NEW YORK, N. Y.

— INDISPUTABLE FACTS. —

"H. V. C."

(Hayden's Viburnum Compound.)

Is acknowledged by the majority of the Medical Profession in the United States to be the Standard Remedy for

AILMENTS OF WOMEN

—AND IN—

OBSTETRIC PRACTICE—

—FOR—

The Following Reasons:

It is PROMPT and immediate in its action.
It is RELIABLE.
It is perfectly SAFE in any and all cases.
It is free from NARCOTICS and POISONS.
It is superior to Ergot in all cases.

☞ **No Accident Ever Occurred from Its Administration.** ☜

It is agreeable to the Patient.
It is satisfactory to the Prescriber.
It is recommended and prescribed by the most eminent physicians in this country.
It is largely employed in the great Hospitals and Remedial institutions.
It has been in the hands of the medical profession more than twenty-five years.
It has been indorsed by the written statements of more medical men than all other similar preparations combined in the world.

Reference: The majority of the Medical Profession of the United States and Australia.

For Formulas, Special Directions, Report of Cases, Treatment, and written endorsements of FIVE THOUSAND Physicians, send your address for our large Handbook, FREE to Physicians only.

Write only for H. V. C. All reliable Druggists. Put up in 4 oz., 10 oz., and 16 oz. bottles.

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BEDFORD SPRINGS, MASS.

Uniformly Effective, Agreeable and Lasting,—the Standard Preparation of Erythroxylon Coca

During past 30 years most popularly used Tonic-Stimulant in Hospitals, Public and Religious Institutions everywhere.

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We have received over 7000 written endorsements from PROMINENT PHYSICIANS in Europe and America.

FORMULA: The concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

DOSE: Wine-glassful three times a day, or more or less at Physician's discretion.

Nourishes = Fortifies = Refreshes

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AGREEABLE TONIC-STIMULANT WITHOUT UNPLEASANT REACTION.

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Neuroses of the Respiratory Organs.

We are too liable to regard any affection of the lungs, except consumption, as "nothing more than a hard cold." Influenza, bronchitis, pleurisy, and many cases of pneumonia are included under this division. Pain, cough and fever are the three principle symptoms. To control any one of these three is many times sufficient to cause the others to disappear, so closely are they related to one another.

In a "Note on Codeine," in the *London Lancet*, Dr. James Braithwaite, of Leeds, says: "Codeine seems to have a special action upon the nerves of the larynx; hence it relieves a tickling cough better than any ordinary form of opium. One-half of a grain may be given half an hour before bedtime. It was in my own case that I first began to use codeine. For more than twenty years, usually once every winter, I have been seized with a spasmodic cough just before going to sleep, which becomes so severe that I am compelled to get up and sit by the fire. After an hour or two I return to bed and am free from the cough till the next winter. In other respects I enjoy good health. Many years ago I found that one-half grain of codeine, taken about two hours before bedtime, absolutely stops the attack and leaves no unpleasant effect the next morning. In cases of vomiting from almost any cause, one-quarter grain doses of codeine usually answer exceedingly well. In the milder forms of diarrhœa one-half to one grain of the drug usually answers most satisfactorily, and there are no unpleasant after-effects."

We find, however, that where there is great pain, the analgesic effect of codeine may not be sufficient, and a combination with antikamnia is required. It is best given in the form of a tablet, the proportions being 4¾ grains antikamnia and ¼ grain codeine. Sometimes chronic neuroses may be cured by breaking the continuity of the pain, for which purpose we have found this combination peculiarly suited.

Clinical reports in great numbers are being received from many sections of this country, which, while verifying Dr. Braithwaite's observations as to the value of codeine, place even a more exalted value upon the advisability of always combining it with antikamnia in treatment of any neuroses of the larynx, coughs, bronchial affections, excessive vomiting, milder forms of diarrhœa, as well as chronic neuroses; the therapeutical value of both being enhanced by combination. The tablets of "Antikamnia and Codeine," containing 4¾ grains antikamnia and ¼ grain codeine, meet the indications almost universally.

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The way to know a store is to test it—buy of it. Pick some common things, things that you know the real worth of. What of the qualities? What of the styles? What of the prices? Take no one's say so. Be judge and jury. No need of going hap-hazard. If your home store doesn't do right by you, there are plenty that will. Some stores take extra care to be fair and prompt with distant traders. They try to think as well as to buy and send for them. It's money in pocket and peace of mind for you to deal with that sort of a store.

☞ THAT'S THE **Seigle & Co's.** WAY OF DOING IT.

The customer's interest that it shall profit you to do the store you may be, you you want, and that letter or people on the go—and all for comparing, and running here choice comes the writing packing and sending. And comes to you in California, or not. all this extra work does your pocket. Suppose you fair try. Our stock is very the most attractive to look at your pocket-book! Sounds it? Put us to the proof. No-samples or yards.

is our interest. We mean so. No matter how far from have but to write for what postal sets, maybe, a dozen you. There are picking and and there, and after the down and figuring up and when the quick package Maine, or Texas, or where not take one more cent from take Dress Goods. That's a complete and none better—and the most considerate of like a big statement, doesn't thing easier than to send for

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☞ Every article bought of us that does not prove to be exactly as represented must be returned at once, and, like a draft, it will be cashed on sight. We prefer to be reliable to anything else.

By order of T. L. SEIGLE & CO.

WE MAKE CARPETS, RUGS, MATTINGS AND CURTAINS A SPECIALTY.
Prices sent on application.

Please Mention Charlotte Medical Journal.

—A HINT ABOUT TABLETS.—

The manner in which cheap goods are made and a hint as to quality may be inferred from the following from the *Medical Record*, October 13, 1894:

Tablet Triturates.

To the Editor of the Medical Record:

SIR:—If space permits, will you allow me to point out a matter that needs some correction. I think it will be acknowledged that tablet triturates have come tostay, at least for many years to come; they are certainly a "convenient and elegant" method of medication, but as prepared at present I think they are, at times, far from being "safe and accurate," as the manufacturers claim.

I have carefully examined samples from different manufacturers in various States and find the same objection to all, namely, that the ingredients are not triturated, but simply mixed. This might do very well where the medicines are of a harmless nature, although by no means commendable, but when tablets containing arsenic, strychnine and the like are so carelessly made that you can dig out the various combinations with a sharp-pointed knife under the naked eye, I think it is time to cry halt. I verily believe that I have seen evil effects from several such tablets, and if I knew of any better make I should leave all the others alone, but, as I said before, I find them all alike.

In my humble opinion all mixtures ought to be ground and triturated so that the finished tablet should exhibit one uniform color throughout the whole, and that the individual drugs should not be distinguishable even under a moderate magnifying glass. Only such can be safe.

COUNTRY DOCTOR.

EAST EDDINGTON, ME., September 10, 1894.

Our firm was one of the two houses who at request of Dr. Robert M. Fuller prepared the tablet-triturates he introduced in the pages of the Medical Record in the years 1878–82. The first decimals of our triturations, without exception, are triturated for four hours, some even longer, *and each successive decimal for four hours.* Thus, for example, the 6x trituration represents *fourteen hours triturating.* There is no exception to this rule; every drug receives *at least* this amount of triturating and some of them more. This also applies to the dosimetric and compound tablets.

Of course, tablet triturates of this nature cannot compete in price with the mixed, machine made productions of the Cheap Johns, yet in reality they are cheaper to physicians at card rates than the mixed product would be as a gift.

Physicians who care more for quality than price do not hesitate when they have to chose, as witness the following letter:

MESSRS. BOERICKE & TAFEL:

Gentlemen:—Replying to your communication of September 27th, I beg to inform you that after comparing the quality of your tablets and the net price at which you offer to supply me with 200,000 of the same, I take pleasure in instructing you to deliver the goods at the earliest possible time, and congratulate you upon the excellency of your products and the relatively low prices of the same.

Believe me, very truly yours,

CONRAD BERENS, M. D.

PHILADELPHIA, PA.

Tablet list furnished on application.

Address,

BOERICKE & TAFEL,

1011 Arch Street, - - - PHILADELPHIA, PA.

Peptenzyme

THE ONLY COMPLETE DIGESTANT.

THE ONLY COMBINATION OF ENZYMES COVERING ALL THE DIGESTIVE FUNCTIONS.

THE ONLY PREPARATION CONTAINING THE ACTIVE AND POTENTIAL MOTHER FERMENTS

THE ONLY PREPARATION ACTING IN ANY MEDIUM.

THE ONLY FUNCTIONLLY PRESERVED COMBINATION OF FERMENTS.

THE ONLY DIGESTIVE AGENT CONTAINING FREE NUCLEIN.*

Peptenzyme differs in every esseutial feature from all digestive product in use and is less expensive considering its digesttve power and properties Prepared in the form of Tablets, Powder and Elixir.

Aids Digestion, Stops Vomiting, Restores Functional Activity, Destroys Disease Germs.

Send for samples and 48 page pamphlet describing Peptenzyme.

*Nuclein is nature's antitoxic agent and general tissue builder.

Prepared by

REED & CARNRICK, New York.

Robinson's Hypophosphites,

NUTRITIVE, TONIC, ALTERATIVE.

A Favorite Remedy in the Treatment of

PULMONARY PHTHISIS,
BRONCHITIS, SCROFULOUS TAINT,
GENERAL DEBILITY, ETC.

Stimulates Digestion and Promotes Assimilation.

FORMULAE.

R Each fluidounce contains :—

Hypophosphite Soda	2	grains.
" Lime	1½	"
" Iron	1½	"
" Quinine	☍	"
" Manganese	1½	"
" Strychnine	1-16	"

DOSE : One to four fluidrachms. PINT BOTTLES, $1.00.

This preparation does not precipitate, retains all the salts in perfect solution.

N. B.—Physicians will find a combination of our Hypophosphites with our Wine Coca will yield most happy results, patients receiving the immediate stimulating effect of the Wine and permanent tonic effect of the Syrup. Price, Wine Coca, Pint Bottles, $1 00.

MANUFACTURE ALSO **ROBINSON'S**

HYPOPHOSPHITES WITH WILD CHERRY BARK, a very Valuable Combination.
LIME JUICE AND PEPSIN, Valuable Digestive Agent.
PHOSPHORIC ELIXIR, Modified form Chemical Food.
ELIXIR PARALDEHYD, Hypnotic, Sedative, Anodyne.
WINE COCA, Nerve Stimulant.
AROMATIC FLUID PEPSIN, Dyspepsia, Indigestion or any Digestive Disorder.
COLORLESS HYDRASTIS.

Specify ROBINSON'S in prescribing. FOR SALE BY DRUGGISTS.

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Sample gratis to Practitioners, they paying Express charges.

AMICK CHEMICAL TREATMENT FOR AND DISEASES OF THE AIR PASSAGES. **CONSUMPTION**

Express Receipts on File show 7000 Shipments to Physicians in a period of 30 days.

TEST MEDICINES (SENT PHYSICIANS ONLY) FREE FOR EACH CASE.

Dr. Chas. Drennan, Birmingham, Ala., writes : "Am having really wonderful success with your remedies."

Dr' D. Alden Loomis, Louisville, Ky. : "Your treatment is doing better work in these diseases than all others combined."

Dr. J. L. Foxton, County Physician, Huron, Dak.: "All my patients using your treatment are improving rapidly ; it is working wonders."

Dr. W. H. Moore, U. S. Examining Surgeon, Medicine Lodge, Kans.: "My third stage consumptive, the lawyer who could scarcely walk, gained fifteen pounds in two months, and has resumed practice."

Dr. R. M. Tevis, Crooksbury, Ind.: "Patient, my own daughter, has gained eight pounds, and is to all appearances cured ; you have saved her life."

Dr. A. M. McConnell, Union City, Tenn.: "Mr. N., one month under your treatment for consumption, is entirely cured ; all my patients taking your medicines are doing well."

Dr. C. S. Lombard, Negawnee, Mich.: "If ever there was a cure of pulmonary tuberculosis, this case is; patient, second stage, was never better in her life; has just married and moved to Brooklyn N. Y., a little the happiest mortal upon the planet."

☞ THOUSANDS OF SIMILAR EXPRESSIONS FROM DOCTORS ON FILE. ☜

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MERCHANT **TAILOR,** 31 S. Tryon Street,

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The Allison Operating Chair.

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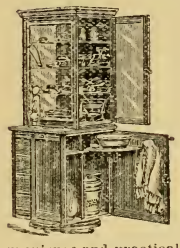
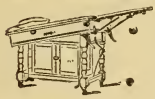
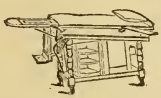
Any position desired can be obtained instantly.



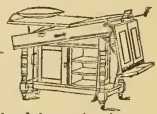
The convenience and practical utility is at once apparent. The upper section revolves and is thoroughly aseptic and is absolutely proof against dust and dampness.



THE "ALLISON"



Examining —TABLE.—



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The numerous positions obtainable and the ease with which it can be adjusted from one position to another commends it at once, and it never fails to please.

Write for catalogue, prices and terms.

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Please Mention Charlotte Medical Journal. INDIANAPOLIS, IND.

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Competent Physician (willing to pay a reasonable price), for an established practice, paying well, in a growing town in finest section of North Carolina. Will thoroughly introduce purchaser. For cause of sale, and full information, address "ARISTOL,"

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STRICTURE

Quickly, Safely and Permanently Cured by the Use of **XTIRPATOR,**

The Great Cure for ORGANIC STRICTURE without dilation, caustic, cutting or the cantery. Among many from M. D.'s on file in our office we give the following extracts: * * * Stricture of seven years' standing cured. Now, after a space of two years, no sign of return. Remarkable cure. * * * * * Did its work admirably. Removed the stricture without any inconvenience to patient. * * * * * * It is all that it is represented to be. Specimens of stricture from different patients that I have removed can be seen at my office. * * *

☞ Formula and sample bottles for sale, with full instructions for treatment.

Address, H. BENJAMIN & CO.,

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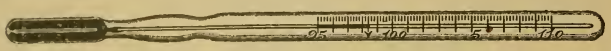
"THE TWIN," Half-Minute Clinical Thermometer.

FOR QUICK REGISTRATION OF TEMPERATURE.

The scale marked with black ink and everlasting. PATENTED MARCH 25, 1890.



——The Most Substantial Sensitive Thermometer Ever Offered to the Medical Profession.——

With the atmospheric register at 60 degrees, if "THE TWIN" be immersed in warm water of 105 degrees, the mercury will reach that degree in less than 20 SECONDS.

The welding the two bulbs into one without any intervening space renders "THE TWIN" much stronger and less liable to break than any other heretofore offered.

It will also be found much more convenient to carry, requiring less room in a case or in the vest pocket. For these reasons as well as for its GUARANTEED ACCURACY, "THE TWIN" is universally recommended by the medical profession. FOR SALE BY ALL DEALERS. Price, $2.00 each.

For a limited time sent by mail to physicians at 25 per cent. discount; that is upon receipt of $1.50 net, *provided* they are careful to mention this magazine.

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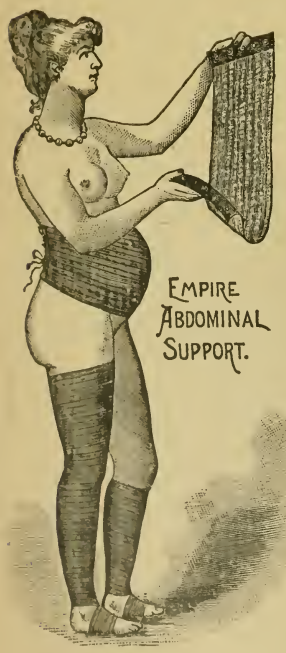
DO NOT GIVE UP THAT CASE OF **EXZEMA,**

Doctor, without trying our Noitol, now recommended as the almost infallible remedy in all forms o skin diseases.

——ANODOL——

(Antipyretic and Analgesic) is useful in Neuralgia, Typhoid Fever, La Grippe, Sciatica, Acute Rheumatism, Hemicrania and allied affections. It reduces temperature and relieves pain, without subsequent ill effects. Price per oz., 25c.; per 100 tablets (5 gr.) 50c. Samples of above sent on application to

WHEELER CHEMICAL WORKS, 170 LAKE STREET, CHICAGO, ILL.



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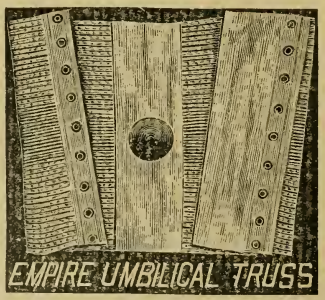
Empire Abdominal Supporter.

Coolest, Most Comfortable and Best Supporter in the World. Price, 8 in. wide, $2.50; 11 in. wide, $3.00.



The Empire Umbilical Truss is an 11 inch supported with button inserted at the navel. Price, $4.00.

All of the above prices are net to physicians. We send all our goods free by mail, upon receipt of price, and refund money if not satisfactory.

Empire Manufacturing Co., Lockport, N. Y., U. S. A.

Dr. JULIUS FEHR'S

"Compound Talcum"

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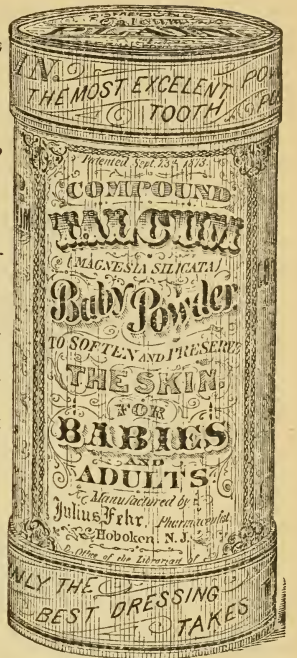

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Fig. 4.

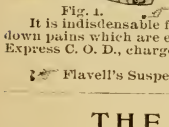

Fig. 1.

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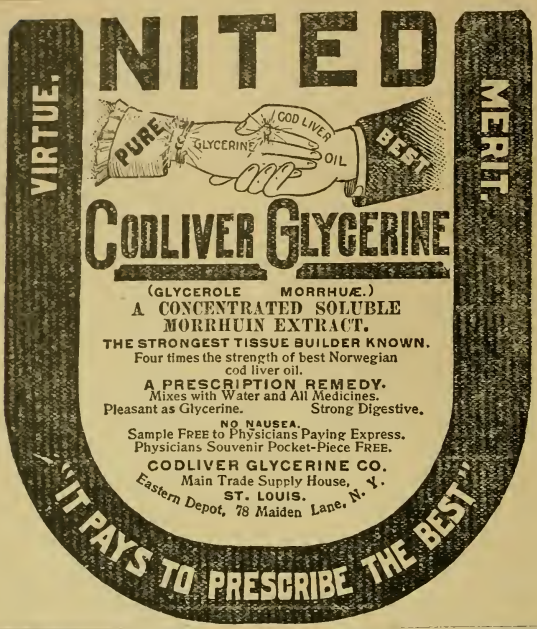

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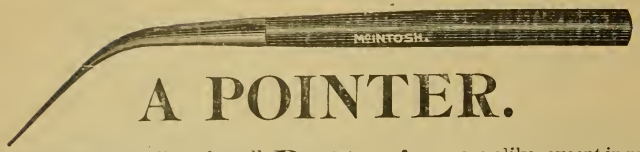

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The Charlotte Medical Journal.

VOL. VI. CHARLOTTE, N. C., JANUARY, 1895. No. 1.

Clinical Lecture.*

By L. WEBSTER FOX, M. D., Professor of Ophthalmology, Medico-Chirugical College, Philadelphia, Pa.; Lachrymal Abscess. Iridotomy, Spontaneous Expulsion of Cataract, Capsulotomy and Wound of the Cornea.

Reported Expressly for this Journal.]

Gentlemen :—The interesting cases which I bring before you to-day are gathered from the large number of patients attending our daily clinics, second, as you are aware, only in numbers to one other institution in this city.

The advantage which this medical school gives you, amongst other things, is the great variety of clinical cases and enormous number of surgical operations brought before you by your professors at these clinics. Study these cases and make careful notes of all you see and hear.

Case 1. *Lachrymal Abscess.*—The first case which I bring before you is suffering from a very common disease—an inflammation of the lachrymal canal. This disease may have found its point of focus any where between the puncta lachrymalis or the opening in the nostril. This disease first became manifest by a little tenderness somewhere along the side of the nose or in the orbital cavity, followed by a watery eye—epiphora as it is called—then the pain increased and suddenly there appeared a swelling about the size of a hazel-nut, skin tense, glistening and red. This second case presents a more advanced stage, for here we see a small yellowish point as if ready to break and allow the pus to escape, which has filled the lachrymal sac to almost bursting point. To try to obviate the breaking down of this abscess and prevent a scar, possibly worse, a fistulous wound, I shall make an opening, not through the abscess, but through the puncta, slitting up the canal, passing the knife (slitting) down through the sac and into the nasal canal. You must bear in mind that it is not always a lesion at the orbital end of the canal that you have to treat, but it may be obstruction at the nasal end of the channel that prevents the escape of tears. I may say in passing that a careful surgeon has the nasal cavities examined in all intractable cases. You have had many opportunities of seeing these patients and others in the various stages of the disease, and during the winter many similar conditions will be shown here. As regards treatment, when you have epiphora due to conjunctivitis, mild astringent lotions, such

*A Clinical Lecture delivered at the Medico-Chirurgical Hospital.

as we use daily at our clinic, will answer very well. For those of you who have not at hand the prescription I shall repeat it:

Acidi borici		
Sodii chlor.	aa	gr. xx
Aq. menth pip.		ʒ ii
Aq. camph.		
Aq. destil.	aa	ʒ ii

When there is a narrowing of the puncta you dilate it with a fine pointed probe, such as I show you. When, however, you have conditions such as you find in these two patients, you proceed to more radical measures, slit up the canal with a Weber's knife and follow this, by passing a good sized probe through the canal, and then insert a silver style. The slitting of the channel and passing the knife down into the canal is apparently a simple operation, but still one not free from danger; false passages are easily made, or the knife may break by wedging it into the bony canal. Great care must be exercised, especially when you have necrosis of the bone, such as I find in this second patient. As regards treatment in general, astringent washes, as I remarked previously, do good in certain conditions. Syringing as first recommended by Anel in 1712 and Blizard in 1780, has had advocates from that day to this, but even this method counts as many failures as successes. The modern day treatment by the French and German Ophthalmic Surgeons believe in fine probes, which, of course, do not dilate the canal to any extent; many of the English surgeons, on the other hand, dilate the canal to its fullest extent. In this country ophthalmic surgeons are divided as to the calibre of the probe used. My own experience carries me into using probes of the largest size, followed immediately by inserting a silver style, such as I show you. The details of the operation is carried out as you observe. I stand behind the patient, supporting his head against my body; as the operation is being performed upon the right eye, I press the thumb of right hand over the cheek bone and just along the lower edge of the eye-lid, which by this action is drawn slightly down and out. The bulbous point of the Weber's knife is inserted into the puncta, the handle of the knife is then drawn below the horizontal plane of the eye-lid, the knife with the cutting edge of the blade inclined towards the eye-ball is pushed towards the nose; when the point of the knife has touched the nasal bone, as I have here, it is raised to the vertical position, the cutting edge of the blade rotated forward and pushed forcibly, yet gently, into the canal, burying the blade well up to the handle. As you notice I have done so without difficulty and without much pain to the patient. I withdraw the knife and by gentle pressure for a few minutes, stop the slight bleeding. A silver probe of large size is now inserted which passes well down into the canal; this is allowed to remain for several minutes and I follow this by placing the silver style into a permanent position. This tube is allowed to remain in the canal for several days, when it will be removed, cleaned and returned to its place. This may be

repeated at intervals of several days, until the secretions have disappeared and a free opening obtained.

Case II. *Iridotomy.*—I called your attention last week to the fact that all cataract operations were not successful. This man (negro) upon whom you saw the iridotomy performed last week, belongs to the non-successful cataract cases. This man who has rather a suspicious private history had a cataract removed from each eye by capable surgeons, yet both pupils closed and blindness followed. Upon examination with an ophthalmoscope I found that he had good projection of light. This information was elicited by standing the patient with his back to a gas jet, then with a mirror throwing the light into his eye from various directions, he was able to tell me from which quarter the light came, and I was convinced that if an artificial pupil was made vision might be restored to him.

To recall the operation I shall again describe what was done. Under cocaine a vertical incision was made on the nasal side of the eye, directly through the cornea and iris, five millimeters in length, a De Wecker's scissors (closed) is inserted into the corneal wound, allowed to open so that one blade passes behind and the other blade in the anterior chamber, across the eye-ball, and with one snip make a large horizontal opening across the eye.

Upon examination to-day I find a most satisfactory result, a beautiful pupil, nearly all inflammatory reaction following the operation has gone, and by placing a convex lens before the patient, he is able to see the time on the watch which I hold in my hands. These are the brilliant results of ophthalmic surgery. Here was a man dependent upon charity and the scanty income which his wife brought home by washing, was the little they had to live upon. He will, beyond a doubt, be sufficiently able to work again at almost any manuel labor and bring comfort back to his little home.

Case III. *Spontaneous Expulsion of Cataract.*—I am very pleased to tell you, gentlemen, that this patient is progressing most favorably, even after so narrow escape of total collapse of the eye-ball.

As you may recall the circumstances, that immediately after I made the incision for the removal of a cataract, the patient had an uncontrollable spasm of the obicularis muscle, which had strength enough to force the opaque lens through the pupil and to throw it above my head, a distance, of at least two feet; with the lens came a certain amount of vitreous. Feeling that the eye-sight was lost, I closed the lids and dressed the eye, fearing the worst. After twenty-four hours I made the first examination, when, much to my surprise, the eye-ball had a round full appearance and the upper section of the iris rolled backwards towards the ciliary bodies. Eserine was instilled after the usual dressing. This line of treatment was continued the week through—dressings removed daily. To-day you see a most favorable recovery.

This case exemplifies the adage, somewhat modified, "that while there

is sight there is hope." In all of my experience I never witnessed such a case, beginning so unfavorable and ending so well. There is no doubt that this is ac ase which proves, beyond a doubt, the efficacy of preliminary and the aseptic treatment, which is always carried out in modern day cataract operations.

Case IV. *Capsulotomy.*—As you are aware that for a long time I have been performing capsulotomy, *i. e.*, rupturing the posterior capsule immediately after removing a cataract. To prove which is the better method, I have been taking alternating cases and watching the results. As you are aware, with all our skill, success does not always follow the removal of an opaque lens; where one does not rupture the posterior capsule, sooner or later this capsule thickens or becomes more or less translucent and again dimness of vision follows; the loss of vision is not so great as it was before the removal of the lens, but still the patient is debarred the comforts of reading or attending to business matters in which it is necessary to have perfect vision.

This case belongs to the class in which posterior capsulotomy was not performed, and we must now remove the obstruction to vision. For a long time the thickened capsule was removed by puncturing it with a delicate needle, such as I show you, called Bowman's stop needle; while this operation is successful in the majority of cases, yet it is not free from danger. I have had three losses following this simple puncture, and have seen many more at the hands of other operators. I have now abandoned the needle operation, and in all such cases follow out the operation, which I now show you, and is as follows: With this spear shaped knife I make a vertical incision in the cornea four millimeters from the cornea-scleral margin, temporal side, passing the blade obliquely through the capsule, just escaping the pupillary margin of the iris, then withdrawing the blade rapidly, for by this action the anterior chamber is not emptied, then I insert the De Wecker's scissors in precisely the same manner that I do in performing the iridotomy. This cut makes a horizontal opening in the capsule, sufficiently wide to get perfect vision with the proper glasses. Again calling attention to the value of preliminary treatment, and with the aseptic method of after dressings, I have up to the present not lost a case through panopthalmitis.

Case V. *Wound of the Cornea.*—This patient, brought to the clinic by our friend Dr. Wickert, has the following history:

While breaking stones a chip of flint flew up and cut the cornea, as you see, on the nasal side, making an incision nearly five lines in length. Dr. Wickert saw the man very shortly after the accident, and following the proper treatment in such injuries, *i. e.*, washing the wound with hot boracic lotion, to wash out all foreign matter, which might have been carried there with the flint, and then instilling atropia, four grains to the ounce, to place the wounded iris in a splint, and also to prevent iritis. As

we see a certain portion of the iris incarcerated in the wound, an effort must be made to snip it off. As it is exposed, we can easily grasp it with the iris forceps and cut it off with the scissors—we again instill the atropia and bandage the eye. Internally we give small doses of Calomel, $\frac{1}{10}$ of a grain every hour until two grains are taken. If the eye should show profusive inflammation, the hydrargyrum must be increased until ptyalism is produced. Atropia and hot applications continued, also local depletion, such as three to four leeches to the temple.

1304 Walnut Street.

Ophthalmia Neonatorum.

By Geo. F. Keiper. A. M., M. D., LaFayette, Ind., Eye and Ear Surgeon to St. Elizabeth Hospital and St. Joseph Orphan Asylum.

Written expressly for this Journal.

The sore eyes of new born infants is ophthalmia neonatorum. Causes are (*a*) predisposing and (*b*) exciting.

Predisposing are (1) sex, boys are more frequently attacked than girls. (2) Age, for as the name of the disease signifies it occurs only in new born babies.

Exciting cause. The efficient cause is the presence of gonorrheal discharge in the birth canal. Some would make as another cause some of the lochial discharge coming in contact with the eyes through carelessness after birth. It is not always possible to demonstrate the presence of the gonococcus of Neisser, but this does not prove the absence of gonorrhea. For fathers have confessed to me to having the gonorrhea when the microscope would not reveal its presence. All causes of exciting nature may, therefore, be resolved into one, the presence of gonorrhea in the birth canal, excited there as it always excited.

Symptoms. It usually makes its appearance before the fifth day. It may make its appearance within twelve hours. Both eyes are usually sore. If one happens not to be, it will show the disease in spite of one's efforts to prevent it.

The eye lids are greatly swollen. The child cannot open them. At the corners the thick yellow, and sometimes greenish yellow, matter exudes. On separating them the matter gushes out The everted eye-lids show the conjunctivæ exceeding red and sometimes red like raw beefsteak. The conjunctivæ are friable and bleed readily ofttimes. The ocular conjunctiva is red and iritis is usually present. If the disease be advanced the conjunctiva will be found elevated into chemosis and the cornea will be as if at the bottom of a well. The cornea will be hazy and ulceration may be present.

The course of the disease when untreated is about eight weeks. In nearly every case thus left alone blindness is the inevitable result. Ulcer-

ation takes place and bulging of the cornea results either in part or whole; rapid destruction of the cornea sometimes occurs with panophthalmitis and shrinking of the globe.

The prognosis, therefore, is very grave. Under the proper treatment, however, the great majority of the eyes are saved, though in some the eyesight may be impaired because of the blemishes of scars. No physician is justified in telling the patient's parents anything but that it is a grave disease and that one-half of all blindness is due to ophthalmia neonatorum.

Complications. The constitution may suffer; the wrists, knees and ankles are sometimes affected with synovitis. Fever is another complication.

Diagnosis. The purulent discharge from the eyes requires no differentation.

Treatment is resolved under two heads, (*a*) Preventative and (*b*) Curative.

Preventative treatment may again be subdivided into two parts, (*a*) Prenatal, (*b*) Postnatal.

Prenatal preventative treatment should be applied in every case where gonorrheal inoculation is suspected. Frequently the father will confess to the attending physician that he has the "clap." It then becomes the physician's duty to immediately institute vaginal douches. Numerous formulæ are prescribed. Plain sterilized water seems to answer all purposes. It should be as warm as the canal can stand. The douching must be attempted several times a day and should be continued up to and including labor. Notwithstanding this precaution the child's eyes will be inoculated in the great majority of cases.

Postnatal preventative treatment consists in thoroughly cleansing the child, giving particular attention to the eyes. Crede's plan of then instilling a drop of a ten grain solution of nitrate of silver into each eye must be instituted. The idea of dropping nitrate of silver solution into eyes thus is condemned quite severely by many. But if it will accomplish a prophylaxis that is all we are after. In theory it may be wrong. In practice it is admirable. It has saved the long attention of the oculist in many cases. Crede's own results are conclusive evidence in its favor. "From 1880 to April 1st, 1883, Crede treated 1,160 infants in this way and only four became affected with ophthalmia neonatorum." This too in a hospital where the disease had been rife.

Curative treatment must then be instituted if in spite of the above measures, or in absence of them, the eyes are inoculated. The sheet anchors are cleanliness and nitrate of silver.

The exuding pus must be kept wiped away and every half hour, at least, the lids should be separated and every particle removed. Every hour, for five minutes, the lids must be bathed with water as hot as can be comfortably borne by the back of the hand. Twice a day the surgeon

must apply to the everted cleansed eye-lids a ten grain solution of nitrate of silver until the conjunctival becomes bluish. The excess is to be washed away with tepid water. Every hour the conjunctival sac is to be freely flushed with the usual ten grain solution of boric acid. The pupils should be kept dilated with a weak solution of atropia. All complications must also be treated.

The most scrupulous cleanliness is to be observed. Everything in the way of cloths and cotton used about the child's eyes is to be burned. The attendants should be careful to wash and scrub their hands after handling the baby.

Report of a Case of Nasal Fibroma.

By W. H. Wakefield, M. D., Charlotte, N. C.

Reported Expressly for this Journal.]

The Gelatinous or Mucus Polyp is quite frequently observed in the nasal passages, (or extending backward into the naso-pharynx,) but a Fibroma in this region is comparatively rare.

Bosworth speaks of 41 cases of this disease having been reported by 35 authors, the noted McKenzie reporting three of these, only one of which occurred in his own practice.

My experience with Nasal Fibroma is limited to one case, and owing to the comparative rarity of the neoplasm, its rapid growth and large size I have thought it not unworthy of being reported.

In September, 1894, I was consulted by a young farmer, age 22, who gave the following history:

Four years ago he suffered an attack of scarlet fever, and his "palate has been coming down" ever since. For about one year he has had a bad "catarrh in the head," and for three or four months has been unable to breathe through the nose. Nasal breathing had been interfered with on taking cold for about a year, but he had been fairly comfortable until recently.

Inspection through the nose revealed nothing, but on looking into the throat the soft palate was seen to bulge forward, and on introducing the mirror a pinkish, nodulated growth was seen completely filling the post-nasal space extending downward to the lower edge of the soft palate. It felt firm to the touch and did not bleed on slightly scratching it with a probe.

Its removal was effected by means of the electro-cautery snare under cocaine anesthesia. Steel piano wire was used, as it, in my judgment, is more easily manipulated and less likely to "fuse" when the current is turned on than the platinum wire.

The wire loop was introduced through the nostril with the aid of the long, curved canula of a Jarvis' snare; the loop appearing in the pharynx

below the edge of the soft palate. Here it was enlarged by means of the fingers, and with great difficulty placed around the polyp, the large size of which rendering the passage of the finger carrying the wire to its base almost an impossibility. The curved canula was now withdrawn and the double canula of the cautery handle substituted and the current turned on. Hemorrhage was slight; the pain of the operation insignificant; reaction practically "nil," the patient returning to his mountain home on the following day.

After removal it was learned that the polyp sprung from the floor of the left nasal passage, close to its posterior extremity. It filled the post-nasal space so completely that after it was cut through by the cautery wire it remained in position and did not gravitate into the oro pharynx until the soft palate was drawn forward. Its weight was 485 grs.

The patient has not been seen since the operation, but no return of the neoplasm has been reported by him or his physician.

Should Laparotomy for "Pelvic Diseases" be Restricted to Narrower Limits.

By R. Stansbury Sutton, A. M., M. D. LL.D., Fellow of the American and British Gynecological Societies: Associate Fellow of the Philadelphia Obstetrical Society; Founder of the Pittsburg Obstetrical and Gynecological Society; Member of the Mississippi Valley Medical Society: Ex-President American Academy of Medicine: Gynecologist to Allegheny General Hospital; Surgeon to Terrace Bank Hospital for Women.
Etc., Etc. Allegheny, Pa.

The inquiry found in the text of this paper is founded upon the following argument:

1. We have a substitute for Laparotomy in total extirpation of the uterus and appendages by the vagina, either with, or without, Morcellment.

2. The operation has already been proven to be effectual and successful. Pean, Segond, Jacobs and others in Europe; Henrotin, Engleman, Sutton and others in the United States.

3. Total extirpation of the uterus and appendages per vaginam, gives a lower mortality than does Laparotomy. for the removal of the appendages alone. Morcellment of small fibroid tumors, gives a lower mortality than does Laparotomy for the removal of similar tumors.

4. These operations, by the vagina, shorten the convalescence of the patients, who are out of bed on the seventh day.

5. In all cases of gonorrheal, or tubercular type of endometritis, with chronic Salpingitis and chronic Ovaritis, a cure is rarely effected

save by total extirpation of the uterus and appendages. The vaginal route is the better one.

6. In all cases of fibroid tumors of the uterus, not reaching to the umbilicus, when the uterus must be sacrificed, total extirpation of the uterus, tumor and appendages, by Morcellment, can be effected per vaginam.

7. Small cysts of the ovary or broad ligament, or solid tumors of the ovary, can be reached, and by Morcellment or puncture, be removed through the vault of the vagina, leaving the uterus and opposite ovary intact.

8. In all cases of pyosalpinx, or of multiple pus centres, with co-existing solidification of the pelvis roof, total extirpation by Morcellment, per vaginam, is the only feasible operation, and it cures the patient.

9. Total extirpation per vaginam, is followed by a cure in the greatest majority of cases, as compared with Laparotomy.

10. The following sequela after Laparotomy do not occur after total extirpation per vaginam, viz.:

a. Cancer of the uterus.
b. Adenoma of the uterus.
c. Tuberculosis of the uterus.
d. Gonorrheal infection.
e. Hemorrhages of the uterus.
f. Filthy discharges from the uterus.
g. Ventral Hernia.
h. Fecal and other fistulas.
i. The mark of a wonnd on the abdomen.
j. The nerve storms subsequent to total extirpation are not so great as after Laparotomy.
k. The patient is restored to perfect health. This is not the case in fifty per cent. of laparotomies for pelvic diseases.

11. The bacteriology of infectious diseases demands removal of the uterus with the appendages. To-wit: Cancer, Tuberculous and Gonorrhea.

12. Total extirpation per vaginam, is in strict conformity to anatomical relations.

13. The physiological results following total extirpation, are free from jarings, and the patient is functionally a smoothly running mechanism.

14. Laparotomy for these diseases, is followed by all manner of physiological disturbances, which affect the vascular, muscular, nervous and digestive systems; to a less extent is this true after total extirpation.

15. In the face of this argument, Laparotomy for pelvic diseases

is no longer a necessfty, but, in my opinion, should be abandoned, excepting in rare cases.

16. Acting upon the above convictions, I have made eight total extirpations in my private hospital in the last five weeks. Six of them were able to be up on the seventh day, and the other two were only prevented by prostration following great loss of blood prior to operation.

Terrace Bank Sanitorium for Women, 170 Ridge Ave., Allegheny, Pa., or 524 Penn. Ave. Pittsburg, Pa.

Laws of Growth in Relation to the Nervous Centres.

By J. J. CALDWELL, F. S. Sc., M. D., etc., 1138 Fulton Ave., Baltimore, Md.

Written Expressly for this Journal.

Laws of growth are stable and uniform; certain causes produce certain effects, as the laws of motion of the heavenly bodies.

When called upon to make the diagnosis of the nature of disease, the physician calls to his aid two sets of signs or symptoms. One of these is known as rational symptoms, the other as physical signs.

In proportion as we can make use of our special senses—sig'ıt, hear ing and touch—will our conclusions be just and accurate; the less we can bring those to bear to estimate the alterations produced by disease, will they be uncertain.

The introduction of physical means of diagnosis marks an era in the history of medicine, and Laennec's great discovery gave an impetus which is felt in our time. The accurate diagnosis of disease of Heart or Lungs by auscultation and percussion stimulated the profession to apply similar means to other organs of the human economy, but more especially to the uterine apparatus, so that at the present time its diseases are as surely appreciated as though it was external, as previously they were obscure as belonging to internal organs hidden from sight and touch. On the other hand, the obscurity which attached to the nature of nervous affections was due to our inability to bring to bear in our investigations physical means of diagnosis. The brain and spinal marrow hidden away in air-tight compartments defied every means in our power, and all confess that an appeal to rational symptoms *alone* for nervous diagnosis is, to say the least, a hap-hazzard affair. This arises from the wonderful unity of the nervous system, in virtue of which a lesion of one part may be manifested in remote organs or tissues. Of all organs of the economy of woman, the uterus presents the most remarkable exemplification of this fact. Its pathological states and its menstrual conditions lying in ground debatable between physiology and pathology give rise often to symptoms which would never direct our attention to the uterine apparatus if we were to appeal *alone* to rational symptoms.

Hysteria in some of its phases, paralysis, hyperæsthesia of the surface

of the body, of the special senses of sight or hearing, pain in remote organs, as mammary glands, or pleura, liver, stomach, brain, etc., are examples of some such manifestations; indeed it may be said that there is scarcely an organ which may not manifest symptoms of derangement in consequence of uterine disturbance.

These have been usually spoken of as sympathetic affection, and the uterine lesions attacked with all that rigor can dictate, "musket and bayonet, cannon and chesspot." It is burned with caustic, frozen with cold, and scalded with hot water; scarified and incised; inside sounded, neck dilated and incised, and often left propped up by a horse-shoe, or impaled upon some kind of spike kept in situ by perineal bands or thigh straps, and belly supporters. I regard the uterus as the most abused organ of the human economy; *no man would submit to such treatment*, and I must enter my protest against the torture which only patient and confiding woman could endure. We would suggest that such medicinal treatment as follows would do away with so much surgical interference:

*Liquor Sedans, Saw Palmetto, Samiana, Pichi, and Stylosanthes Elatior, (P., D. & Co.'s.)

I can, from my own experience in its action, safely recommend the compound (Liquor Sedans) to the profession at large, as I have not been disappointed in securing the desired results. I believe it is destined to produce a new era in gynæcology. In irregular, painful, suppressed and in excessive menstruation, it is almost a specific. In uterine or in ovarian neuralgia, in displacements of the uterus, which give physicians so much trouble, and patients so much suffering, this remedy will act like a thing of magic; and when the profession shall have become fully impressed, as it will the more we use it, with its medical virtues, we believe that we shall hear much less of the many operations in gynæcology, and find, no doubt, that in the end, the present fad, of cutting and slashing at the cervix could have been well dispensed with in favor of more conservative therapeutic procedures.

We venture to surmise that the pregnant woman would derive great comfort as an anti-nauseant from half doses of the liquor sedans—with or without one drop of Fowler's solution—three times a day or oftener, as might be required. The writer remembers the case of a lady from a neighboring State who was nauseated the week after marriage until the day her babe was born. Nothing afforded satisfactory relief except champagne, which was objectionable for many reasons, but which had to be kept up. *Now*, he would combine with the liquor sedans a drop of Fowler's solution, or a drop of beechwood creosote, with or without a tablespoonful of lime water, expecting, with fair prospect of success, to afford relief to the tortured woman.

*These remedies are the products of the well-known house of Messrs. Parke, Davis & Co., Manufacturing Chemists.

Should the stomach reject all remedies, the mixture in question could be given in free doses by enema, in either milk or in some form of broth where there is danger of too great prostration from the continued nausea, or the protracted loss of appetite.

In cases of imperfect erectile power, or in impotency, it appears to exert a desirable tonic influence, like other restorative remedies acting on the same organs. Of equal merit, might be here cited, such remedies as the fluid extract of *pichi* (fabiana imbricata), from Chili; the fluid extract of *damiana;* the *saw palmetto;* the *yerba santa;* the extract of *vanilla bean*, and last, but not least to be depended upon in such cures, the *stylosanthes elatior*, which has lately acquired the reputation for a valuable uterine sedative during pregnancy, and a good permanent tonic to give to the muscles of the womb during the process of labor, and also for causing firm involution after that process.

All these agents make up the important role in the successful treatment of the genital organs of both sexes.

Thus we find, from our own, as well as from the experience of other medical men, the natural similitude of the therapeutic action of the similar drugs on kindred organs; and though agents which are supposed to exert their *special* action have been alone circumscribed to female affections in formulating prescriptions directed to their troubles, it is a matter of wonder why the attention of the profession is not directed to the line of action in which we wish to secure the convalescence of our patients, and to convince themselves that as a remedy, "what is sauce for the goose, should also serve as sauce for the gander."

Excusing this digression, we will proceed with our argument by saying that most of these troubles arise from that terrible word "sympathetic," which should be substituted by the word "reflex;" cure the uterus and the "sympathetic" affection will disappear; such is not the case, for whilst the uterus may be the *fons et origo* of the so-called sympathic affection, I would ask your attention to the fact that remote tissues and organs become the actual seat of the disease, actual disease of the mammary gland, accompanied by pain, redness and swelling, terminating in abscess, is not nfrequently the result of primary uterine trouble. *Paralysis having its remote cause in the uterus is due to lesions of the nervous centres;* the same may be said of cerebral disturbances. The stomach becomes diseased as does the pleura, and liver, their functions are not performed because of actual disease of the organs, and will continue to be so although the remote cause, the uterine lesion may have been remedied. Although the uterus is diseased you must treat the affection of the mammary gland, the pleura, the liver, the paralysis, the cerebral disturbances. Chlorosis is not an uncommon condition of chronic uterine disease, and I venture to say that no practitioner ever failed to recognize this as an actual

disease to be specially treated, the same as is true of the other so-called sympathetic affections; they must be treated because they have become the actual seat of disease; they require the same treatment as though the affection originated in the organ itself, at the same time that the uterus is restored to its state of integrity. On the other hand, the uterus may become the seat of disease, secondarily affected, and this because of the unity of nervous system, in virtue of which all organs and tissues of the economy are brought in relation, so as by their co-ordination to form the individual. When the machine is sent to shop, the entire mechanism must be over-hauled; main-spring, balance-wheel and cog-wheel well oiled and wound up, to go under spring power, steam power, or nerve or electric power.

The manifestation of different symptoms in individuals, the subject of the same uterine lesion would seem to be a contradiction to the aphorism that certain causes produce certain effects, as the "laws of the motions of the heavenly bodies;" but it is not so in reality, because each individual is a distinct physical problem, because he or she is an individual. Because in the progress of transmission of peculiarities, variations occur, resulting sometimes in a higher, at others, in a lower, specimen of the variety of the race. It has, indeed, been by these differentiations that specialized types of the human race, or varieties, if you choose, have been brought about. Thus it happens, that in individuals the same lesion will give rise to great diversity of reflex symptoms, to manifestations of disease in different organs.

The laws of growth are stable and uniform; when the workings of these laws of development are interfered with by accidents or scanty nourishment, or by the transmission of the effects of such accidents or abnormal products from parents, or from parents who have been affected by them, the results are usually abnormal; more or less distorted forms with greater or less defects, which again show the laws governing the production of abnormalities. Thus we apply the laws of health to explain the phenomena of disease; what we call functional derangement being as much in accordance to law as normal or physiological acts, we might call it pathological law.

It is then from the specialized condition of the individual that uterine affections do not in every case give rise to the same train of nervous symptoms, or to express it more justly, the same lesions in all cases.

Such is my reply to those who reject the opinion that sclerosis of the spinal cord is caused by uterine disease, because in so many cases no such results happen.

In discussing secondary or reflex lesions, "time" must be taken as an element in forming our conclusions, giving a certain operating force, no matter how small, its effects can be predicted, if time enough be allowed.

If such be the case in purely physical phenomena we cannot withhold our assent when the principle is applied to living structure, whose resistance becomes less and less, day by day, whilst the operating force is commu tative. One clock set in motion will start the rest in the room if all be made synchronously; commutative molicular effect—power of driving air or rain. Commutative effect of molicular doses of medicine, so the continuous and prolonged irritation whether direct reflex or transmitted will as certainly produce effects as the sudden or violent shock—"*ubi stimulus ibi afluxus*"—and we have the conditions of various manifestations of nervous diseases, having a centre primarily in the uterus and not unfrequently sclerosis and other reflex diseases of the spinal cord or ganglia which supply the uterus as well as other parts with energy; growth as the result of super-supply of blood, and hypertrophy is generally attended with hardening. This condition we very commonly meet with as the result of what we call inflammation; it is, in fact, growth, due to afflux of blood containing tissue food absorption, may or may not take place. It is a pathological condition, however, and may or may not interfere at first with the normal function of the organ.

This is witncssed in hypertrophy of the heart, which at first is adjunctive force necessary to propel the blood, on account of deficit in some part of the pump. In like manner the centre ganglia receive a stimulus transmitted from the uterine centre of disease and responds by generating nerve force which is manifested in remote organs by means of fibres of conduction. It seems hardly possible that a long continuance of irritation where primary effect is increased action followed by depression should not result in reflex lesion of these ganglia. Alternate excitement and depression, periodic exaltation and corresponding depression. One of the most familiar examples of excentric causes producing centric effects is Tetanus from wound of foot or gun-shot, or intestinal irritation. All recognize the fact of centric lesion, yet every one who sticks a nail in his foot does not have lockjaw by reflex, nor does this direful mishap occur from all gun shot-wounds; or in all who have intestinal irritation, long persistent enormous piles sometimes, but not always, cause reflex paralysis of the lower extremities. Dr. Campbell's case is one of the most interesting on record, in which the effect of gun-shot wound of elbow, involving ulner nerve, produced so severe and curious a state of reflex hyperæsthesia. In this case I have not a doubt but for the prompt and efficient treatment instituted, that the reflex lesions of the spinal cord would have become permanent, resulting most probably in sclerosis of some part of cord reflex paralysis, and finally death. In a delicate woman, the subject of uterine trouble, his case would have been called hysteria, and treated as sympathetic, or, more properly, reflex processes of splantic or taxic centres. In this case, indeed, his non-professional friends attributed his condition to the wound in his elbow, when, in fact, it had completely healed.

In many individuals the case would have terminated in reflex tetanus, or reflex spinal meningitis, depending upon the specialization, so to speak, of the individual. Dr. W. J. Strother, of Culpepper, case of wound of leg, and exposure of posterior tibial nerve, resulted in reflex tetanus, whilst I can recall a case of hyperæsthesia of the senses of hearing, sight and touch, in the upper extremities of a lady, at the same time there was paralysis of the lower extremities. The case was accompanied by violent convulsions, *opis thotonos*, from time to time. The cause was over-work, (clerk in one ot the departments at Washington,) to which was added the distress of losing her place. I have no doubt of an actual lesion of the spinal cord or some part of it. She continued in this state for four months, which would have become permanent, perhaps indurated, but for rest, good nursing, and appropriate treatment.

The opinion has long prevailed, that the spinal marrow presides, so to speak, over the organs of generation; that here was generated the nerve power necessary for their functional activity; but medical men did not rest satisfied with so vague a declaration "that the spinal cord presides over such functions," but showed that this office was performed by the lower part of the cord. Can we not go farther and point out that certain spinal centres are the source of their energy, and point to the very ganglia themselves?

Europhen.

By William F. Waugh, A. M., M. D., Professor of Practice and Clinical Medicine, Chicago Summer School of Medicine; Professor of Medicine, Chicago Post-Graduate MedicalCollege, &c.

Written expressly for this Journal.

Since the introduction of aristol and europhen, these agents have almost entirely replaced iodoform in my practice, except for internal administration. The absence of odor from aristol, and the comparative slight odor of europhen, render these agents preferable for surgical dressings in ordinary cases. Dusted over wounds, europhen fully equals iodoform; but as a dressing for venereal ulcers iodoform is more efficient. For application to extensive surfaces I prefer boric acid; as all the iodic powders give up their iodine, and toxic symptoms may result from absorption. Europhen seems to break up more readily than the others. For this reason I have recently employed it internally, giving it in pills of one grain each, coated with salol. These were prepared, at my request, by W. H. Schieffelin & Co., of New York.

In one case of chronic catarrh of the bowels, with mucous colitis and a suspension of the gastro-intestinal secretions, these pills passed through the canal unchanged. In all other cases they have been dissolved, and the effects of the iodine quickly manifested.

I have given europhen in cases of phthisis, tubercular and non tubercular; in fetid bronchitis, bronchorrhea, the later stages of pneumonia, when crisis is imperfect and resolution delayed, and in various septic conditions of the alimentary canal. Whenever it is desired to obtain the effect of iodine promptly and powerfully, europhen is the best form for internal administration.

In all the cases mentioned, europhen has fully equalled iodoform, or excelled it. But for nervous headache, gastric ulcer and gastralgia, three affections in which iodoform is very efficient, europhen has not proved as useful. In fact, when the effect desired is relief from irritation, iodoform is preferable; when the alterative action of iodine is sought, europhen is the better agent.

There are two other affections in which europhen has given me better results than any other agent: Chronic urethritis and chronic endormetritis.

When Heallemand discovered hyperisthesia of the prostatic urethra, he applied nitrate of silver to the affected membrane. Thousands of physicians have followed his footsteps, and many more have varied the practice by substituting other irritants. If there is a solitary salt of any known metal that has not been recommended for this hyperesthesia, or for the gleet, that is frequently its cause, I am mistaken. Many of these I have myself employed; but on looking over my case-books, I do not find a single case of hyperesthesia that was at all benefited by any irritant. The steel sound has proved of use, though less than its early advocates claimed.

The treatment of urethral stricture removes a source of irritation, and is always commendable. But when there is no stricture, or other lesion, the hyperesthesia, and the impotence, vesical tenesmus, erethism, or various reflex symptoms proceeding from it, are most certainly relieved by the application of europhen. Mix forty grains of this powder with half an ounce of fluid petrolatum, and inject a few drops daily into the prostatic urethra. A week will suffice to work a cure.

The same words may be employed in reference to chronic endometritis. The same symptoms may be present as in the urethral affection, or we may find the ovaries sensitive, or cellulitic deposits in the tissues around the uterus. Dysmenorrhea is very often due to this condition. During the menstrual period iodoform and viburnum, of each four grains daily, will give great relief. As soon as the flow ceases, inject a few drops of the europhen and petrolatum well up to the fundus uteri, pressing the piston of the syringe until the fluid begins to ooze from the os. Repeat this every third or fourth day until the next menstruation occurs. This will be painless; the periuterine deposits of lymph will be well on the way to absorption, and the nest of micro-organisms occupying the uterine cavity will be extinguished.

The only exception I would make to the local use of europhen is in the case of patients with the dartrous diathesis. Eczematous people seem

to decompose the iodine compounds instantly, and erodent local irritation results. In four cases I have had this local reaction follow the application of an iodine powder, and each of the four patients was eczematous.

During the last summer a lady entered my private hospital to be treated for dysmenorrhea. Her case was a very severe one, and she had contracted the morphine habit in consequence. This was cured, by the Erlenmeyer method, the treatment occupying only four weeks, during two of which she was not confined to the house, but visited the theatres and went shopping as she wished. The europhen treatment was not employed until after her next menstruation. During this she suffered severely. She was then put upon the europhen injections, with iodoform internally in the interval, and viburnum was given as soon as the approach of the next menstruation was indicated. There was no pain or other difficulty this time, and there has been none since.

Nevertheless, I do not advocate europhen as a universal remedy. In true pyosolpinx I do not believe it is of any use, and the abdominal surgeon must have his share of cases in spite of all local remedies. But the condemnation of all minor surgical gynecology is unjust.

103 State St., Chicago.

Chronic Constipation.

By H. C. Harris, M. D., Paris, Miss.

Written for this Journal.

It could not be expected that in an article on a subject so common and familiar to every practitioner of medicine as that of chronic constipation, any new doctrines, either in pathology or therapeutics, would be adduced, or that the whole field occupied by the subject in the text books should be traveled over in detail. But the exceeding frequency of its occurrence, the important part which it plays in the daily ministrations of the practitioner, and the liability of its importance as a source of reflex irritation, to be overlooked, may make it sufficiently important to summarize the more salient points.

I do not understand those forms of constipation, or obstipation, resulting from mechanical causes, or from organic diseases of the alimentary canal, and of the nervous centres, to come within the purview of this article.

Nor do I propose to consider those cases of occasional constipation more properly termed costiveness. But the functional tardiness of the colon, usually the result of atony of its muscular coat, denominated by Todd "Atonic Colonic Dyspepsia," without, however, adopting his nomenclature or commenting on its appropriateness. When we consider the anatomical relations of the colon to the important viscera of the abdomen, itself a continuation and termination of the alimentary canal and

lying in contact with the liver, the stomach, the kidneys, the bladder, and the reproductive organs, and freely endowed as it is with spinal and organic nerves, we are prepared to appreciate the endless chain of sympathies, and reflex irritations resulting from its diseases, organic and functional. What organ in the body has it not sinned against in this way?

Every tyro in the practice of medicine has seen headache, gastric disturbances, derangements of the liver, kidney complaints, womb diseases, etc., etc., depending upon colonic inactivity. Here allow me to say, is an entrenched stronghold of quackery—a very fitting location you will agree. Examine the various nostrums filling nearly one-half of a majority of the newspapers published in the country, and advertised by hand-bills on every fence, post, workshop, and privy, in glowing letters, represented as infallible cures for sick headache, nervousness, colic, dyspepsia, liver complaints, etc., and vouched for by certificates from Rev. ministers of the gospel, post masters, and congressmen, and their wives, and, with shame be it said, members of the medical profession, so called, who have the impudence to affix the initials of the academic degree of Doctor in Medicine to their vile names. In almost every instance it will be found that the sole virtue of these preparations consist in some ordinary ingredient or combination of ingredients, known to act on the intestines—mere laxatives—which, by unloading the colon, relieve the thousand and one sympathetic disturbances known to result from chronic constipation.

The colon, like the urinary bladder, is a receptaculum or reservoir, graciously provided to receive and retain the excrementitious matters of the alimentary canal, that they may be passed off at convenient intervals, and not constantly as they otherwise would do.

Its peculiar anatomical arrangement admirably adapts it to this use. The longitudinal fibres of the muscular coat are gathered into three bands which are nearly one-half shorter than the intestine, thus producing a succulated condition of the gut.

Whilst the circular fibres are very much attenuated and capable of very great distention. Consequently they exert a feeble systolic force on its contents. The upward course also of the ascending portion of the colon, and the altered condition of the feces from absorption of the liquid portion of the small intestines tend to retard the progress of the feces through the colon. Hence it is that the aid of the voluntary muscles of the abdomen and diaphragm is required for its evacuation. Unlike the bladder, though, the colon is endowed with numerous glands and absorbent vessels, bnt whatever their office may be in the economy of the nutrive system, they have little, if anything, to do with our present inquiry.

The rectum, in its normal condition, is empty. It is endowed with an animal sensibility, which gives notice of the presence of feces, and occasions the desire for defecation. Whenever this sensibility is so far blunted as to tolerate the presence of feces without a desire to evacuate

them, there is imminent danger of the permanent establishment of complete atony of the colon, with all its attendant sympathies. The feces constantly accumulating induces over-distention of the colon and leads to loss of tone, and partial paralysis of its muscular tunic, just as the constantly bent bow loses its elasticity.

The causes then of habitual or chronic constipation consist mainly in all those agencies which lead to loss of tone and contractility in the muscles concerned in the act of defecation, and most prominent is the partial paralysis of the muscular tunic of the colon brought on by over-distention from large accumulation of excrement.

This accumulation may arise from an unnaturally large amount of excrement, but it is generally the result of neglect to obey the calls of nature. The desire to defecate is resisted from notions of modesty, or because it is inconvenient just at the time to attend to it, or the mind being pre-occupied the call is unheeded.

Thus the act is postponed voluntarily, or involnutarily, until the sensibility of the rectum no longer gives notice of the presence of feces. Hence accumulation goes on, the rectum and other portions of the large intestine becomes distended, and loss of contractile power is the result. Weakness of the abdominal muscles from obesity, or pregnancy, and weakness of the general muscular system from anæmia may induce the disease. It is generally believed that deficiency of bile and intestinal secretion contribute to the establishment of the disease. Sedentary habits are said also to bring it on. But it does not appear clear that the presence of bile in the feces is necessary, or essential, for a free action of the bowels, for we often see them acting very freely in cases of jaundice, and it is very probable that mental occupation, and other circumstances which cause the act of defecation to be deferred by persons of sedentary habits, are more efficient in bringing on the disease than the mere want of exercise. A purely nutritious diet with but little excrementitious residue may induce torpor of the bowels. Very active assimilation, copious perspiration, and diuresis are thought to cause it by rendering the feces unnaturally dry.

The *symptoms* are general and local. The former consist in those manifold disorders and functional disturbances resulting from reflex action of the organic nervous system. It would be difficult to enumerate them all, and equally unprofitable to do. As before stated we find pain in the head, dullness of mind, flushing of the face, palpatation of the heart, nervousness, and general malaise. Also gastric, hepatic, and venal disturbances. These sympathetic affections vary in degree and character, of course, in different persons.

The local symptoms are, feeling of weight, or pressure, in the perinæum, sense of abdominal distention or uneasiness, flatulence, occasional diarrhœa, and colic pains, varying in degree and location. The evacua-

tions may be passed only at long intervals, and with much straining, though in some cases, scanty and insufficient evacuations occur daily.

In the latter form the disease is more apt to be over-looked, and treatment is often directed to some of the more prominent symptoms. Hemorrhage of the brain, and hernia are occasionally caused by straining at stool, and hemorrhoids is a frequent consequence of habitual constipation. In the treatment it is highly important that the patient should co-operate with the physician, and in confirmed cases much patience and perseverance will be required. The sensibility of the rectum must be preserved or restored, and paralysis of the colon must be prevented or remedied. These are the chief points to be observed in practice. And whilst a judicious selection of drugs will be required in most cases, it must be borne in mind that medicines are of secondary importance. Indeed it is one of the greatest difficulties which the physician has to encounter to restrain the patient in the use of cathartics. Nothing is more natural than for a person to try to remedy in the easiest and quickest manner possible a difficulty so apparently easy to manage as constipation.

Although the immediate symptoms are generally relieved by purgatives, in almost every instance the necessity recurs for repeating the dose again and again, generally in increased quantity or strength. Thus what is intended as a remedy becomes a source of disease. But the immediate relief experienced by the use of the various pills, bitters, and mixtures kept at every drug store, grocery and grogshop in the country, and the low price at which they can be bought, recommended as they are by innumerable certificates gotten up with great ingenuity, are temptations which the people are not prepared to resist. Consequently the physician must content himself to combat the evil as best as he can, until the people shall have been educated to a higher appreciation of the medical profession.

After what has been said, I do not deem it necessary to occupy much time in speaking of the special treatment of constipation. The diet should consist as much as possible of such articles as are known to have a laxative effect, and the experience of the patient must be consulted in making the selection, as idiosyncrosy has much to do with the diet as well as the medicines we use. The food should be easily digestible and taken at regular, but not too long intervals. Mild animal food, as mutton, chicken, game, etc., and vegetables, fruits, molasses, butter-milk, etc., will be found suitable for most persons. Tea and coffee are more questionablo, but as promoters of digestion, their use is probably advantageous in many cases.

Next to the diet in importance is the establishment of a rule to solicit an evacuation daily at some given hour, and not to perform the act of defecation too hurriedly. This habit persevered in will frequently result in sufficiency in the evacuations, without the aid of medicines, even after the disease has been established. And if practiced in connection with a

proper selection of the diet, before the establishment of the disease, it will generally prevent it. Prevention is not less sure than simple.

In most cases some medicines will be required, but they should be judiciously selected and administered with caution. Selections may be made according to the peculiarities of the case, and the fancy of the physician. Aloes, on account of its specific action on the large intestine, is most usually selected. It may be given in various combinations to suit the case, *e. g.*, with iron when anæmia exists, with mercury if the biliary secretion be deficient, or with the bitter tonics where the digestive organs are torpid. Aloes, nux vomica, and iron is a valuable combination in a large class of cases.

According to my observation the use of aloes is not contra-indicated by the existence of hemorrhoids, on the contrary, I think it is decidedly beneficial in the external variety of that affection. Most writers on materia medica, through all time, prescribe aloes when hemorrhoids exist, and charge it with producing the disease when habitually used. Yet we have eminent practical authorities opposed to this doctrine. Doubtless an injudicious use of the remedy may have this effect, but we must distinguish between the proper use and the abuse of all remedies. It is the physician's duty to be able to discriminate in the selection of his remedies. It is this that distinguishes him from the quack. Piles is much oftener attributable to the disease for which aloes is used than to the aloes. *Post hoc ergo propter hoc* is a falacy into which physicians often suffer themselves to fall, and we too often blindiy follow authority without submitting it to the *experimentum crucie*.

Oppolzer, of Vienna, who had a very wide reputation in the treatment of hemorrhoids, used aloes in both the internal and external forms of the disease, and he used it whether constipation existed or not. Fordyce Barker, of New York, also recommends it in the treatment of hemorrhoids in pregnant and puerperal women. Some practitioners are very partial to the solaneæ, particularly the belladonna, variously combined with other remedies. In some cases they may act well. All are familiar with the occasional benefits of a cigar. But it is probable their beneficial action is limited to those cases of erethism, or spastic condition of the muscular coat of the bowels. They are contra.indicated where atony exists. In the latter, nux vomica is an invaluable remedy.

Electricity and friction over the abdomen are useful in restoring tone in some obstinate cases of partial paralysis. Enemata will be occasionally required to dissolve or soften hardened masses of fecal matter, or to dislodge scybala. To sum them briefly, chronic constipation, properly so-called, consist in an atonic condition of the colon. It is manifested by insufficient alvine evacuation, the stools being sometimes too infrequent, hard and lumpy. Sometimes they are passed daily, but scanty and insufficient in quantity, perhaps coated with mucous, occasionally streaked

with blood, and generally attended with much straining. Local symptoms, weight or pressure in the perinæum, sense of distention in abdomen, flatulence, borborygmus, colic pains, and a great variety of general symptoms, resulting from reflex action of the organic or ganglionic nervous system. It often induces hemorrhoids and other complications. Treatment consists,

1st. In a judicious selection of the diet.

2d. The establishment of a habit of going to stool at a given time regularly every day, not to perform the act of defecation too hurriedly, and not to become discouraged if the first efforts should prove failures.

3d. In the cautious use of laxatives, preferably aloes, simultaneous with iron when anæmia exists, in some cases with nux vomica, in others with belladonna.

Finally. It should be observed, under whatever circumstances it may occur, the actual condition of the colon must be kept in view, and no remedies can be relied upon as specifics. Remove the condition on which it depends, and the disease will cease to exist.

In illustration of the principles of treatment, I am tempted to give the case of a young man between twenty and twenty-five years of age, who had gradually fallen out of health in the year 1886. He belonged to a consumptive family. His father, two brothers, and two sisters, had died of phthis pulmonalis, and of course any decline in his health was looked on with grave suspicion. His alvine evacuations were uniformly scanty and insufficient. He had light attacks of dysentery occasionally. He also had some urethral discharges, which he erroneously supposed to be veneral, and his general symptoms were such as usually result from colonic inactivity. His treatment consisted in the use of vegetable bitters, with laxatives, mild cathartics, and the everlasting blue mass. The usual directions were given as to diet.

He received only temporary benefit from this course of treatment, and continued gradually to decline till 1889, when he had one or two pretty free hemorrhages from the lungs. Physical examination failed to reveal any organic disease of the lungs. I then advised him to use cod-liver oil and porter in such quantities as would keep the bowels soluble. His improvement was immediate and rapid, and his health is apparently perfect at this time. The *modus operandi* of the remedies need no comment here.

Excision of the Uterus for Suspected Malignant Disease.

By Wm. Davis Foster, M. D., Kansas City, Mo.

The gynecologist should be on the alert to discover the initial signs and symptoms of cancer of the womb. The varieties of malignant disease included under this topic falling under notice and for which hyster-

ectomy may be required are: epithelioma, scirrhus, encephaloid, and sarcoma. Cancer of the womb usually begins about the urethral meatus, at the introitus vaginæ, in the folds of the vaginal walls, on the vaginal portion of the cervix, or the interior of the body. No one who has given the subject careful study, combined with abundant opportunities for clinical observation, now doubts that injuries incurred in childbirth, or as a result of criminal abortion, are a prolific cause of malignant uterine disease. Rents in the cervix are not the sole wounds which are factors in the causation of this cruel malady. Most of us have certainly seen epitheliomas in their beginning presenting the first signs on the cicatricial surface of an old laceration of the perineum. From this point the infection creeps up the vaginal walls. In our diagnostic investigations no part of the genital tract should escape close scrutiny. These early symptoms of cancer may be obscure, not very numerous, and are consequently often and easily overlooked. A digital examination will most likely, at this stage, not reveal the true condition; the result may, indeed, be negative, and thus fail to excite even suspicion of coming disaster and death. A conclusion, therefore, ought to be reached in no case until, by the use of the speculum and uterine probe, the character of the tissues is brought into critical view and touch. Segments of tissue of a suspicious character, as well as the uterine and vaginal secretions, should be likewise subjected to careful microscopic examination.

Adamkiewicz in recent investigations claims to have discovered the real bacteria of cancer: "The true and characteristic element of cancer is a coccidium. From it originate spores (larvæ), which in turn develop into coccidia and amœbæ. Metastases are produced by migration of the larvæ, coccidia, and amœbæ to different parts of the body. The development of larvæ takes place within the epithelial and endothelial cells of the diseased area. The parasite, when developed, lives outside the cell and forms an integral portion of the cancerous tumor. It destroys the epithelia, but never causes them to proliferate, and it seems probable, therefore, that what appear to be epithelial proliferations are frequently colonies of coccidia and amœbæ."

Should the ordinary signs of cancer, to-wit: abrasion of the mucous surfaces; ulceration; nodular hardness; friable and vascular granulations; proneness to hemorrhage on the slightest touch, together with the peculiar acrid watery discharges, the foul and penetrating odor—should all these characteristics be absent, malignant disease being still suspected, the diagnosis may be cleared up by the introduction of a sponge tent. If the cervix soften down, the os dilate, and the mucous membrane become movable under the expansion of the tent, the disease is probably benign. If, on the other hand, the cervix remain hard, its mucous covering immovable, and the os unyielding, the suspicion of malignancy will be confirmed. The so-called cancerous cachexia is undoubtedly owing not to a cancer-

ous diathesis, but to absorption of septic material from the local cancerous lodgment. The cause is evidently topical, and not general or systemic. It is fairly certain that complete removal of all infected tissues in the very first stage of cancer, while the disease is still local, will effectually eradicate the malady—the patient will fully recover and complete her span of life in health and comfort. It is scarcely necessary to add that a judicious course of constitutional medication should be maintained for a sufficient period subsequently to correct any ulterior or indirect aberrations of health which may have supervened as the result of the primary affection.

With reference to the curative power of drugs in cancer the opinions of physicians vary widely. Arsenic has undoubtedly achieved the highest claim to attention in this disease of any remedy known to us. Does it cure cancer? If it does, then surely surgical interference ought not to be sought in these cases—surgical operations ought not to be practiced in carcinoma.

Hygienic influences, and especially attention to diet, should receive the careful thought of physicians. It is asserted that those persons who are large meat consumers are easy victims of malignant disease.

It may be laid down as a surgical rule; repair every injury following delivery as soon after its occurrence as circumstances will allow. Strict adherence to this rule would, in the opinion of the writer, within the period of one generation, vastly diminish the concurrent number of cases of cancer of the uterus, and be a long step in the direction of stamping it out. A womb suspected of malignant infection ought to be speedily excised. No other plan of treatment promises success.

The complete removal of the uterus by abdominal section (hysterectomy) or through the vagina (kolpo-hysterectomy) is now so frequently practiced that the rapidly multiplying literature thereon leaves little to add as to operative technique. Perfect aseptic precautious should, of course, be observed. Excision of the womb is a very ancient proceeding. The operation was probably known to the ancient Greeks. Soranos, of Ephesus, in his book on "Diseases of Women," published a century before Christ, alluded to it. It is probable that the operation was made for prolapse, and not for disease. The next historical account of hysterectomy appears in 1560, when it is said Andreas a Cruce performed it. A period of more than two centuries and a half then elapsed, when in 1813 Langenbeck* successfully removed the whole uterus for supposed cancer by a

*Note—Langenbeck described the operation in the following terms: "I now come to that portion of the uterus which, seen from the front, was inserted into the peritoneum as into a cloth. I also separated very accurately the substance of the uterus from the peritoneum, without cutting it, because otherwise, the intestines might have protruded, and constantly drew the uterus out. I continued this separation to the upper rounded border of the fundus uteri, and then cut the uterus out of the peritoneum in such a way that a small piece, which seemed to be perfectly healthy, remained connected with the peritoneum. This was consequently a true enucleation of the uterus out of the peritoneum, so that the latter, in connection with the vagina, formed an empty bed."

method alleged to be similar in its essential details to that recently revived and practiced by Pratt. Mikulicz informs us that Gutberlat in 1814 gained a prize in Vienna for proposing an operation little differing in technique from that of Freund. Sauter of Constance, made a successful kolpo-hysterectomy for cancer in 1822, entailing a urinary fistula upon the patient. In 1828 Blundell recorded one successful removal of the uterus for cancer, and three failures. It was said at a later day, by an eminent British surgeon, that the failures were seldom reported. This is as true to-day as when uttered by Keith. In 1829 Recamier, to whom modern gynecology is indebted for the vaginal speculum, records one successful operation. A gap of about forty years now intervenes, until in 1879 Czerny reintroduced the operation with a successful case. Many additional cases by other operators rapidly followed; the operation quickly became one of the established surgical procedures. Thus we see that within the space of about fifteen years hysterectomy has achieved most of its triumphs. Compared with ovariotomy, statistics show but little difference in the mortality rate between the two operations. While nearly all of the early hysterectomies (especially abdominal) were fatal, the present success is phenomenal. Keith says that all the hysterectomies done in Scotland, where the operation was frequent, up to and including 1879 were disastrous except three, in his own hands, which were successful.

It may be seriously doubted if the ideal hysterectomy is yet perfected. It is equally true that it is impracticable to subject all cases to the same procedure. In a given case, wherein the uterus is too large to be easily removed through the vagina, cœliotomy will be necessary; selected cases may yield to Pratt's enucleation; another kind of case may allow the surgeon to readily tie off the arteries of the broad-ligaments, the ovaries, and the tubes; and yet others may require the use of clamps,

I am not aware that, in the hands of the best operators, any one way of doing a kolpo-hysterectomy is more successful than either of the others. Much depends upon the condition of the patient at the time of the operation, and much upon the skill of the operator.

THE SPUTUM.

The Tecnique for its Investigation and its Diagnostic Significance in Disease.

By E. B. LaFevre, M. D., Abilene, Kansas.

Written Expressly for this Journal.

Almost from the time man first turned his attention to the alleviation of suffering or the cure of disease, the sputum has to a greater or lesser extent been consulted to furnish evidence for or against, to prove or disprove, the existence of a pathological lesion of some portion of the respiratory tract.

A cursory study of the literature will amply evince the fact that at some medico-historical periods the diagnostic utility of sputal investigation was reckoned paramount, and at other periods so valueless was its study considered as to receive not even a passing thought.

There is no portion of the works of either Hippocrates or Galen which more exquisitly attests the keen observative powers of those authors than that portion treating of certain naked-eye appearances of pathological sputum.

In fact so thorough and extensive had been their observation and study of the purely macroscopic characters of sputum in disease, as to enable them to formulate certain fixed rules for the differentiation of one respiratory affection from another; and even to this day some of their rules possess value, and the great advancement of medicine has left unshaken the foundations upon which they were built.

By tracing down the literature of this subject we find that no facts of material import were contributed to those already adduced by Hippocrates and Galen, until about the begining of the present century.

With the last decade of the last century began the dayspring of a particularly brilliant scientific era—an era which has continued to the present moment, and is day by day, gradually and progressively, assuming a more intense luster.

Along together with the advancement of the sciences in general, came, what to us at the present moment is of especial importance, largely increased knowledge of pathological anatomy and physical diagnosis. Also at the same time that rapid progress was being made in the two latter subjects, we find marked improvements being made in microscopes and microscopic *tecnique*, and with our more accurate knowledge of pathology, and the increased facilities afforded by improved instruments of precision, hitherto impossible methods of sputal investigation could be instituted, and new and valuable facts obtained. Thus to the simple macroscopic was added the simple microscopic study of abnormal sputum.

The fertile brains of such men as Henle, Traube and Virchow soon yielded a storehouse of knowledge regarding this substance, and lifted sputal observation to a plane co-extensive with the advances of its sister sciences.

With the dawn of bacteriology new fields were opened for exploration and cultivation—the laborious and conscientious tilling of which have yielded results far beyond the most sanguine expectations.

In the present advanced state of our knowledge, it will be noted from what has preceded, that it is essential, in order to derive the greatest value from the study of sputa, both in a diagnostic and prognostic sense, that it be investigated from at least three separate and distinct standpoints, viz.:

(*a*) The simple macroscopic characters.

(*b*) The simple microscopic characters.

(*c*) The bacteriological characters.

To say which of these three methods of investigations is productive of the greatest good in the differentiation of respiratory diseases would be very difficult indeed, for each holds a value peculiar to itself, and it is only from the results obtainable by the processes involved in the consideration of the three methods combined, that enable us to arrive at truth itself.

To dwell upon the practical value derivable from the systematic study of the substance under consideration would be a useless, and at the present time an absurd task; for no one at all abreast of the times in the least doubts its vast utility in arriving at a correct diagnosis and prognosis of certain pathological conditions consequent upon disease of the respiratory tract.

Sputum may be defined as a mixture of the secretions and excretions of the respiratory tract; beginning with the finest air-sacs and ending with the oral cavity. When sputum consists only of the secretions physiologically produced, it is said to be normal, and when secretion and excretion take place under pathological conditions, abnormal.

Normal sputum, according to the above definition, is more easily imagined than obtained; but if we collect and examine a sample of sputum taken from a perfectly healthy child, where all of the conditions are the most favorable, soon after birth, it will be found to be made up, approximately, and for all practical purposes, of the following named substances:

Water—mostly derived from the salivary secretions.

2. Inorganic salts.
3. Mucus.
4. Epithelial cells—consisting of pavement, columner, lymphoid and the ciliated varieties.
5. Granular detritus—in small amounts.

Now if we take an average healthy adult, we will find upon an examination of his sputum, not only the above but also several extraneous substances which can in no wise be considered pathological, and still they are not of purely physiological production. A large part of these foreign substances reach the respiratory tract through the air and food taken into the system, while the remainder mostly consists of degenerative products from the normal sputal constituents; the more important of which are:

1. Particles of food.
2. Micro-organisms of many species.
3. Particles of dust from various sources.
4. Various crystaline formations.
5. Pigment particles.

In abnormal sputum we find all of the above named substances, and in addition—

1. White and red corpuscles.
2. Pus corpuscles.
3. Fatily degenerated corpuscles of various kinds.
4. Elastic tissue.
5. White fibrous tissue.
6. Curschmanns spirals.
7. Bronchial tube-casts.
8. Charcot-Leyden crystals.
9. Some species of moulds—especially the oidium albicans and aspergillus
10. Pathogenic bacteria—especially the B. tuberculosis and D. pneumonia.

Besides those already named there are an immense number of other substances found in abnormal sputum, whose rarity precludes mention in a paper of this scope, a full account of which will be found in the very admirable and complete monographs of either Biermer or Kaatzer.

Depending upon the predominance of one or another of the special elements constituting a sputum, this substance has been clinically divided into four classes:

I. *Mucous Sputum.*—This is a translucent, grayish white, adhesive substance, the *sputum crudum* of the old authors. So adhesive is it that when the vessel containing it is inverted the contents will not be lost. The principal constituent is mucin, which is the secretion from the mucous cells lining the respiratory tract. The mucous element is the predominating one whenever any irritant is applied to the tract. This is the charac teristic sputum of all primary inflammatory processes involving the respiratory tract. If acetic acid be added to a sample of mucous sputum a cloudiness is produced, due to the partial coagulation of the mucin.

II. *Muco-purulent Sputum.*—When the inflammatory action is of greater intensity, or of longer duration than in that of the mucous form, pus-cells are thrown out and mixed with the mucous secretions, and then is formed the muco-purulent variety. This is a thick, opaque, whitish, uniformly yellowish-white, or, it may be, white streaked with yellow, the *sputum coctum* of the older writers. It has no tendency to adhere to the vessel and may be expectorated in enormous quantities, even several quarts daily have been reported. On standing it separates, owing to the difference in the specific gravity of the various composing elements, into three layers; the upper layer contains the mucous, and is of a frothy, whitish color, containing many air-bubbles; the middle layer consists mostly of the water, and the lowest layer is composed principally of the pus, larger cellular elements and varying amounts of *debris.* Various

crystaline bodies are not infrequently found in this form of sputum, together with fatty acids and other evidences of decomposition.

III. *Purulent Sputum.*—Occurs only when rupture of a pulmonary abscess, or an empyema, or an abscess situated in some organ adjacent to the lung takes place into the bronchi. Pus not infrequently finds its exit in this manner, and the quantity has at times been so great as to overwhelm the individual, producing death by the cutting off of the air-supply, as in the emptying of a large empyema.

IV. *Bloody Sputum.*—Blood may be found in the sputum under pathological circumstances in amounts varying from scarcely a perceptible streak, as sometimes occurs from a slight abrasion of the throat, to a fatal hæmorrhage. It shows all grades of color from a light yellowish to a black, depending upon the amount, its admixture with the other sputal elements, and its degree of æration. In croupous pneumonia the blood is so intimately mixed with the sputum as to give it a dark brown uniform aspect, the "prune juice" expectoration of the books. Bloody expectoration occurs by far the most frequently in phthisis, where it is not unusual to have larger or smaller quantities of blood thrown out fram time to time, or to have blood, generally in small amounts, more or less constantly mixed with the sputum. The source of the blood in phthisis is the erosion of small capillaries, veins or arteries.

The following is the physical characters of the sputum as ordinarially found in the various pathological processes as given by Coupland in his "Notes on the examination of the sputum, vomit, feces and urine:"

"*Acute Bronchitis.*—At first ærated, mucoid, often pigmented, later muco purulent."

"*Chronic Bronchitis.*—Muco-purulent, mucoid, pigmented, or purulent and nummular, and perhaps non-ærated."

"*Plastic Bronchitis.*—Mucoid, perhaps blood-streaked, containing bronchial fibrinous casts."

"*Bronchiectasis.*—Profuse, purulent, fœtid."

"*Phthisis.*—(a) Early mucoid, streaked with blood or pus; (b) advanced—purulent, muscular."

"*Acute Pneumonia.*—At first scanty, viscid, rusty, orange-colored, blood-stained or of "prune-juice" character, afterwards grayish muco-purulent."

"*Pulmonary Gangrene.*—Very fœtid, greenish or greenish-black, separating on standing, into three layers—*an upper*, frothy and greenish; *middle*, liquid, serous; *and lower*, a thin brownish sediment."

"*Pulmonary Abscess.*—In empyema discharging through a bronchus, or other abscess opening into the lung, the sputa may consist of pure pus, which may or may not be fœtid."

"*Pulmonary Odæma.*—Copious, thin, serous or sero-sanguinolent, often non-ærated."

"*Acute Congestion.*—Ærated, intimately mixed with bright blood; chronic congestion, markedly blood-stained."

"*Pulmonary Embolism.*—Pure blood or "prune juice" character."

"*Cancer of Lung.*—Hæmoragic."

We have next to notice, somewhat more in detail, several of the more important elements found in pathological sputum, and at the same time the *tecnique* required for their demonstration.

(a) *Blood Corpuscles.*—Blood corpuscles, both red and white, are found in practically all pathological sputa, and most generally a w may be found in perfectly normal sputum. They are a constant element in all inflammatory conditions involving the respiratory tract. The number may vary from a few corpuscles to a large rapidly fatal hæmorrhage. Their presence may be recognized macroscopically as a mere streak as occurs when there has been a slight abrasion of the throat, or as a light yellowish color of the sputa, where hæmorrhage has taken place lower down in the tract, and in small amounts, or, a bright red, where there has been a rupture of a small arterial capillary, or lastly the admixture of blood may be seen as a dark brown, the "prune juice" color, as occurs when the corpuscles are intimately mixed with the other sputal elements and retained in the lung for a greater or lesser length of time before being expectorated. It is seldom that the white corpuscles are alone thrown out, but if such take place only the microscope will recognize them. Sometimes the corpuscles are so completely destroyed that their detection may only be made by the finding of hæmoglobin, otherwise the microscope shows the characteristic biconcave discs, having a double contour, and if in sufficient quantities they may assume the form of *rouleaux*. Although where the blood has been retained in the lungs for some time the corpuscles may be seen to adhere by their edges rather than their sides. Biermer explains this fact by saying that "the blood-corpuscles are separated during the mechanical act of expectoration, becoming, so to speak, soiled by mucoid or other expectorated matter, and thereby are less adapted to readhere to one another."

Hæmoptysis, *per se*, is not indicative of any special pulmonary affection, as it occurs as a consequence of tissue dissolution, due to a large number of causes, specific, and otherwise. Although repeated hæmorrhages, when not otherwise explainable, are strongly suggestive of beginning phthisis, and some very able authorities hold, that when present, frequently repeated attacks of hæmoptysis, other than the demonstration of the tubercle bacillus in the sputum, is the most certain indication of the early stages of pulmonary tnberculosis we have.

(b) *Epithelium.*—As we have already seen, both normal and abnor-

mal sputa contain epithelial cells from every portion of the respiratory tract. From the smallest air-sacs to the oral cavity the upper layers of the epithelium are constantly being cast off, and their places immediately being taken by new cells, so that one of the functions of the sputa might be said to be for the purpose of carrying away the physiologically discarded epithelial elements.

Under inflammatory action these cells are more quickly regenerated, and cast off in greater numbers, than under normal conditions, but they cannot be said, in any sense, to possess any diagnostic significance.

It was at one time thought possible to determine the seat of disease by the character of the epithelial cell found in the sputum, but this has been proven fallacious because of the similarity existing between several of the cells normally found in very distinct and widely separated portions of the respiratory tract, so that the latest research fails to demonstrate any diagnostic utility to be derived from the mere study of the epithelial elements contained in sputa.

(c) *Elastic Fibers.*—According to Dettweiller-Meissen elastic fibers occur in the sputum of more than 80 per cent. of phthisical subjects. The finding of elastic fibers is almost certainly indicative of tuberculosis.

Before Koch showed us how to demonstrate the tubercle bacillus, the elastic fibers were believed by a great number of observers to be the most infallible sign of phthisis which we had; and to-day, leaving out of consideration the specific germ, the authorities are mostly agreed that it is the most positive sign which we have of this disease.

Kaatzer agrees with the above statement of Dettweiller-Meissen and seems to indicate a belief in some specific causative relation between the tubercle bacillus and the production of elastic fibers. I can see no reason for regarding their formation as due to anything other than necrotic action; and while the tubercle bacillus unquestionably forms in very nearly all the cases the active engenderer of the necroses, still it acts merely as an irritant, and I believe it to be purely its simple irritating properties which induces the necrosis. This it seems to me, is clearly evidenced by the fact that elastic fibers appear in the sputum in every case in which there occurs a bronchial necrosis, it matters not of what the active factor productive of the necrosis may consist.

The number of elastic fibers found in sputum forms a very reliable index indeed to the activity and extent of the ulceration going on within the lungs, and where elastic fibers are quite constantly found, and in considerable numbers, one may be certain that the disease process is very active, even though this fact may not be indicated by the other symptoms present.

Elastic fibers occur as whittsh or yellowish-white threads, presenting under the microscope a double contour. They may be pretty certainly

recognized by the unaided eye, if the sputum be spread out to a thin uniform layer.

The best method of finding elastic fibers in a sample of sputum is to pour the sputum onto a glass plate about six or eight inches square, cover it by another plate of like size, press the two firmly together, thereby forcing the sputum between the plates into a thin layer, and search with a low power of the microscope for the fibers. Or, after obtaining a thin layer of the sputum, the suspicious particles may, by means of the forceps, be removed to a microscope slide, covered and microscopically inspected.

Still another method is to boil the sputum with a concentrated solution of potassium hydrate, or undiluted acetic acid, either of which fluidifies all other sputal elements, leaving alone the elastic fibers unchanged. After fluidification, the resulting solution is filtered and a search for the elastic fibers made of the filtrate.

Microscopically these fibers are not likely to be mistaken (on account of presenting a double contour) for anything else, unless it be certain needles of fatty acids. If doubt arises, the submission of the slide to gentle heat will cause no change if they be fibers, but if fatty acids they will be entirely dissipated.

(d) *Crystaline Bodies.*—Crystaline bodies occur in the sputum as a result of chemical decomposition of pathological secretions.

Leyden was the first to describe a double-pointed octohedral crystal occurring in the sputum of asthmatics. They are mostly found in the interior of peculiar "yellowish-green clumps," or balls of tough glairy mucus. This mucus being coagulated in a peculiar manner may be unrolled froming a long irregular, spiral-shaped fiber, the Curschmann's spirals. The crystals are very sharp pointed, and the fact of their occurring with such constancy in asthmatics, lead Leyden to formulate the theory that an asthmatic attack was induced by the irritation of the bronchi, produced by the sharp points of this crystaline formation.

This theory of Leyden has to-day very few adherents, for the reason that these same crystals have been found in the blood and blood-making organs of individuals suffering from various affections, and, furthermore, they are also found in the sputum of persons who have never shown any symptoms of asthma.

The exact chemical composition of Leyden's crystals has not been satisfactorially determined, but they are probably the result of the decomposition of albuminous substances, and are of an organic nature.

Leyden's crystals may be microscopically demonstrated by thoroughly rubbing some of the sputum containing them between the cover-glass and slide. They are very small and require moderately high powers to be distinctly seen.

They can be stained with a saturated alcoholic solution of fuchsin, and permanently preserved in Canada balsam.

The Ophthalmoscope in General Practice.

By W. Cheatham, A. B., M. D., Professor of Diseases of the Eye, Ear, Throat and Nose, Louisville Medical College.

While thinking of a subject for an article for "The Charlotte Medical Journal," I received a telephone message from one of our leading physicians to go to the southern part of the city and examine the eyes of a patient of his who has had recently frequent headaches. The ophthalmoscope showed spots of fatty degeneration of the retina, such as seen in retinitis albumenurica. The doctor then told me that the patient had serious involvement of the kidneys. The ophthalmoscope adds much to the history of the case, as it tells us that the prognosis is extremely unfavorable, and sets the time of death possibly not many months off; my experience has been, in a majority of cases, from six to twelve months; occasionally as long as from one to five years. I have many times diagnosticated serious kidney complications, with the ophthalmoscope, when the patient had no other apparent symptoms of the affection; have in two cases discovered the changes in the optic nerve and retina before the urine showed any changes; both cases died of disease of the kidneys.

Mrs. H., age 36, came to me some months ago complaining of loss of vision of left eye; sight of that eye was eccentric; just at the macula lutea the ophthalmoscope showed a retino chororditis, with considerable exudation, and a small retinal hemorrhage. Examination of urine, etc., showed she had gout; yet she had never complained but little of other symptoms, and had supposed that they amounted to nothing.

Mrs. G., age 43, married; general health good. Complains that she does not see well; vision $\frac{20}{40}$, or one half of normal, in each eye. The ophthalmoscope revealed double incipient cataract. I referred her back to her physician, requesting that an examination of her urine be made. This showed that she was a "diabetic." She had no other symptoms to attract her family or her doctor's attention to her disease.

A. W., age 48, had for a few weeks noticed his vision failing; said things looked to him as if they were in a cloud. No pain in eyes; general health good. Had recently passed an examination for life insurance. The ophthalmoscope showed begining atrophy of both optic nerves. He was referred to a neurologist, who reported "locomoter ataxia," incipient. The diagnosis was afterwards confirmed, and it has proven to be a very rapid developing case.

I wish to say just here that these cases are only a few of the many that can be found in my note books. All of us recognize the value of the ophthalmocope in intra-cranial complications. I have under observation now five cases of intra-cranial growths, two of which had primarially no symptoms but those in the eye. The progress of the growth in these cases can be watched with the ophthalmoscope. In meningitis, idiopathic or traumatic, the ophthalmoscope may be of much service.

The retinal circulation is involved in many cases of organic disease of the heart walls, or its valves, but less so than other vessels on account of their size and the tension of the globe.

In both acute and chronic diseases of the vessels themselves, and in such conditions as may produce thumbi, or emboli, the ophthalmoscope often renders valuable service; the instrument tells us that our patient's method of living must be changed, and that active medication is needed.

In anæmia, especially in its more severe forms, the ophthalmoscope is of importance in both diagnosis and prognosis.

In the toxæmias, such as lead poisoning, that from nicotine, alcohol, etc., the ophthalmoscope often calls the attention of the physician to the serious condition of his patient, and indicates the importance of rapid medication and immediate removal of the cause.

In some diseases of the lungs, especially in tuberculosis, the ophthalmoscope may first call our attention to it. In brain tuberculosis it is of frequent service.

When we consider that the eye is the only structure, or organ, in the body in which the termination of a nerve, the ending of an artery, and the beginning of a vein can be seen, the wonders revealed by the ophthalmoscope can well be understood. Scarcely a day passes but that I see from one to ten patients with some disease of the deeper parts of the eye that can be discerned with the ophthalmoscope alone, indicating some general dyscrasia, the only symptoms of which there is to attract the attention of the physician. Only a few days ago I had a little patient return to me from South Dakota, who I first saw on March 14th, 1884, totally blind, with symptoms of intra-cranial growth, the ophthalmoscope showing double optic neuritis, depending upon inherited specific trouble. She came to see me again a few days ago with excellent vision, the opthalmoscope showing all inflammation gone, but the optic nerves a little blue. The instrument indicated to me at first the importance of active treatment. This, with the history and the character of the treatment, had she been here, where I could have seen her, it would have shown the length of time of continuance of treatment; and when I saw the little one a few days ago, it indicated to me the importance of adding other treatment, strychnia, to that that had been given.

So with this little instrument, the optic nerve, retina and choroid, ciliary body, lens, vitrous humor, iris, cornea, sclera, and especially the retinal and choroidal circulation, the couase, the arrangement of the vessels, and their structure, can be studied. A break in their walls immediately indicates, to a practiced eye, that the eye ball is a part of our general economy, and points out to us, through the medium of the ophthalmoscope, that there is going on in some distant organ of the body some serious changes, which if not checked will soon lead to serious consequences. It raises the red flag to us and warns us, and as I have before stated gives to us, frequently, the first indication of approaching danger.

Suggestions in the Management of the Common Diseases of Children.

By J. H. Tilden, M. D., Denver, Col.

Written expressly for this Journal.

In the whole domain of the practice of medicine there is no department where there is more ignorance displayed to the square inch, than the management of diseases of children. Mothers are almost universally incompetent in feeding, clothing and controlling; and why not, when her medical adviser can not, or does not, enlighten her? I hope the day will come when people will demand a doctor that can educate as well as medicate.

The young and inexperienced medical man pins too much faith to nomenclature—they undertake to classify diseases to fit text books, and lose the benefit that accrues from an independent search for etiological factors, and it takes years of laborious experience to make a physician independent of these influences. I am sorry to see many hopelessly bound down by these early impressions, which have only acted upon them in a way to annihilate independence and individuality.

It would be amusing, were it not so serious, to see physicians out gunning for symptoms aud never realizing causes and effects. The man who has his mind stored with remedies and symptoms, and ignorant of pathology, etiology and even physiology, which is supposed to be an emphasized study in all colleges, is ready to take the responsibility of treating these innocent patients, and when they die, will tell you with all assurance, that the child was hopeless from the start, *which, of course, was true with him as medical adviser.*

Of these two classes of physicians, I can't make a choice: the stickler for nomenclature has his favorable advantages for obstructing nature's processes, and the symptom hunter has his favorable way of inducing enthanasia. If less attention was given to materia medica, classifying disease, and hunting symptoms, and more to the proper feeding, nursing and investigating the cause of disease in these little sufferers, there would be more success.

The sickness of children under two years of age may be said to be caused by teething, over-feeding, improper feeding, bad ventilation, thermal changes, excitement, over-worked and over-worried mothers and septic poisoning. The irritation of teething is credited, like the climateric period in women, with producing diseases it has nothing to do with. Of all classes of people on earth, the doctor is least superstitious and credulous, but in this particular, the profession generally smacks of the aboriginal. There is no reason to believe nature's operations any more retroactive in teething than elsewhere, and this should be over looked as a factor, for if not, more important causes will be.

Over-Feeding.—Children under one year of age, should not have any food beyond milk, or the better class of infant foods. The habit of feeding the little darlings, just to see them eat, a taste of this or that, is reprehensible. Parents are not always to blame, unless ignorance is always blameworthy, for I have found that the most intelligent people are glad to have the dangers pointed out. I tell such people, (not in the language used here,) that if they feed a child food it can not digest, its system may not respond to the outrage at once, but a gradual stomach derangement will be brought about so that when the weather gets hot, and the child's system is forced from the necessity of changed thermal environments to adjust its perverted nutritive forces to the new order of things, that it can not do it. I have seen so much of this there can not be a question but what this foolish feeding of young children so perverts the metabolic forces, that with the slightest change from heat to cold, or *vice versa*, the natural rythmatical adjustments can not take place, and sickness is the result. Renewal of tissue depends upon an equilibrium of the rythmatical movements of all the organization, and this equilibrium is in a constant state of adjustment with forces external and internal, and any thing that weakens this adjusting power puts the subject a victim to all decided changes. I try to impress upon the minds of parents the fact that children brought into this condition are more subject to contagious diseases, and when they are sick they make the worst cases, and from this class the undertakers get most of their work. In bottle fed children ; improperly washed feeding bottles cause much trouble. A little ferment hanging to nipple or bottle sets up, when taken into the stomach, fermentation, and then irritation follows ; this generates thirst, following this an increased supply of milk or food to satisfy the thirst, instead of giving water ; when this stage arrives, the patient is getting much worse hourly. I insist on at least six bottles and six nipples ; never the bottle with the glass tube and rubber attachment, for they can not be cleaned. (If the inventor of these bottles is not excused on the plea of ignorance, the number of charges against him will entitle him to an eternity of electrocution, and along with him in this perpetual execution must go the friends that give these little patients astringents, opiates, etc.)

My directions regarding the bottles are to boil them after they are thoroughly cleaned, and put them out in the sun. As soon as the child is through feeding, the bottle is to be cleaned and boiled and then placed in the sun, and for the next feeding, take the bottle that has been longest in the sun. The nipple is to be washed with soap and brush, then scalded quickly and put in glycerine till needed. I have a little salicylate of soda put in the glycerine, about ten grains to the ounce.

I direct mothers to feed children under six months not oftener than every three hours ; over six months and under twelve, every four hours. they are not satisfied with this and are restless, they want water, which

should be given quite warm and out of a bottle, the same as the food. I tell them when a child shows a desire to take more nourishment than usual, that it means irritation, possibly from indigestion due to carelessness in feeding or lack of cleanliness in care of bottle, and instead of giving more food the regular amount should be cut down and water substituted. Mothers do not take kindly to being told of carelessness and lack of cleanliness, but when a child's life depends upon a correction of such carelessness, she should be told of it in no uncertain tones. If ill success attends the physician that is too modest or politic to do his duty in this regard, he may rest assured that the family and community will charge it up to him.

There is no food, except the mother's breast, equal to cows milk, providing it is taken from a young, healthy cow, well kept in a dry, clean, well ventilated place, and fed good sound food and pure water. The milk should be sterilized and kept in glass jars; the jars are to receive the same attention as directed for the bottles; if not, who can wonder that the milk will disagree. Milk taken from a milk wagon, that has been churned over the public road for three or four hours, not saying anything about the filthy barn, the slop food, and, neither last nor least, the horrible hands of the milking artist, is not fit for a delicate stomach. and no wonder it disagrees.

That wonderful thick, tough, curd, that is talked about so much, and is the *ignis fatuous* to scars so many of our good doctors into denouncing cows milk as a food for children, has proven in my hands to be ill-founded, and I am sure that any one who cares to go to the trouble to see that this food reaches the stomach of babes in a pure condition, will have the same experience I have had. All we want is to be sure of the quality, and limit the quantity to within keeping with the power of digestion, and all will be well. There are foods on the market that I have had splendid results with, but not without care as to cleanliness and quantity and at proper intervals.

Children should have light weight flannel even in hot weather. Delicate children should have a flannel abdominal band, wide enough to cover stomach and bowels. Night robes should be made so that the feet can not be exposed. Great care should be taken to prevent chilling at night. Much sickness is the result of a neglect of this. In malarial countries this should receive thought from the medical man, for a slight chilling for a few nights will be followed by an outbreak of intermittent fever. Children should not sleep too warm, as they often do in bed with two grown people; the air that they are forced to breath under cover is bad and should be avoided by having them sleep by themselves. Children do not stand excitement well. The hot sun and excitement, as in a crowd, is the cause of much sickness every summer.

Over-worked and over worried mothers, when they are nursing babies,

is the cause of much sickness. I do not know of anything that is more liable to make children sick than to nurse a mother that is exhausted by over-work. In Illinois, where I had a large country practice, I found that Mondays were wash days. Tuesday, ironing day, and Wednesday, cholera infantum day. The husband could not see how work on the part of the mother could make a child sick, but if you should ask him why he will not permit his fine mare that is with foal to be driven, he will tell you it is because it will make the colt have the scours, but he is utterly obtuse to see the simile. Some children are made delicate and sickly by having their own way. Nothing can be done with such an one, unless the mother can be given force of character, and as this can not be done, it would be better to advise the family to send for a symptom shooter, and let him fire a few rounds into it, and then perhaps inscrutable Providence will take pity upon the poor little star and increase its magnitude by removing it to another sphere, for it will be of more use there, and can not possibly be of any here.

Septic poisoning is a cause of more sickness with children from a few days to three months old, than is generally recognized. The mother receives a laceration of the cervix, and while there are not symptoms of sufficient magnitude to attract attention, there is a systemic infection which often produces diarrhœa of a severe character and often convulsions.

In 1888 a gentleman called at my office and requested me to call and see a child of his, five weeks old, that had been having convulsions for ten days, and said he, "when you get there you will make the seventh doctor." Not being flattered by his last remark, I answered, "if your child has withstood ten days of convulsions and six doctors, it can stand two hours more. I will be down at the expiration of my office hours." He insisted on my going at once, and I resisted. After the office hours I called at his house and found a quite frigid reception. I was informed that inasmuch as I did not call when wanted, they had employed another doctor. I was watching the child move than giving attention to my dismissal, and as I did not go, nor show any concern in what they had been saying to me, I relieved their minds by saying that if it did not cost too much, I would quietly watch the baby a while. I received no reply to this, save a frown from the mother who was holding the child on her lap across the room from where I was sitting, *self invited.* I stayed a half hour and it had three light convulsions while I sat there. When I got up to go, I remarked to the mother: "Your baby will not die for a day or two, and I presume if you take it away from your breast it will be well in twenty-four hours." "I'll never do that," was her reply. The next day, at the same hour that I received the first call, the father called again and said: "Doctor, I wish you would go down and see that child. It is no better, and the last doctor says it will die." I answered, "here you are at the beginning of my office hours again. If you promise not to run

another doctor in before I get there, I will be down after office hours." As this was the best he could do with me, he promised. I called, as per agreement, and I found the same baby and in the same condition. I was informed that it had not missed an hour in all the days and nights since taken sick that it did not have at least one, and much of the time, three to six convulsions an hour. After an ignorant protest on the part of the mother, I examined her and found quite a laceration of the cervix, with endo-cervicitis and subinvolution with a heavy purulent discharge. I proscribed the mother's breast and ordered a box of infant food to be prepared and given as per directions, and also ordered all the hot water with a little salt that it would take between feeding times. I gave no medicine; it had been blessed in this line quite sufficient before I saw it. There were two other children in the family, and two more perfect types of health I have not seen, and for this reason it was hard to convince the mother of the necessity of taking the babe from her breast. At my call the next morning, I was informed that the spasms stopped in six or eight hours after the last nursing and had been resting since. The mother informed me that she intended to keep her breasts empty, and as soon as the child was better, she would put it to the breast again. I informed her that if she did not have herself cured up, the child would not be able to nurse her at any time. Three days after my last call the child was put to the breast, and very soon began to have convulsions. I was called, but sent word to stop the breast milk and put the child back on the food, which they did and continued, being convinced of my diagnosis, the child had no more convulsions.

I had a case of this kind in 1874, and the mother brought the convulsions back three times in two weeks before she was convinced that her milk was the cause. I know of a case in this city that had septic convulsions from an excoriation around the umbilicus on which the nurse kept bound a decomposed cord. When I was called to see the child and ordered the nurse to strip it naked for examination, she very reluctantly and not without urging, took off the abdominal bandage, when, to my disgust, the horrible stench of decomposition filled the room, and an ulceration, as large as a half dollar, met my gaze, and on this ulceration was the cord in an advanced stage of decomposition. The child was so overwhelmed by the septic infection, that the convulsions lasted a full week after this discovery, and now it is an imbecile. Alienists may question my opinion as to the septic absorption being the true etiology of the structural change that has taken place, to bring around this imbecility which is almost idiocy, but I am warranted in this opinion from a knowledged based upon a large clinical experience. The stomach and bowel troubles that are induced by nursing the breast of a septic infected mother as a rule are not hard to control if the breast is proscribed.

I have not seen anything in my reading on this subject, and I consider

it of such importance that every physician should be on his guard. Perhaps many are, and have done as I have; neglected to report.

My treatment for sick children is almost told, when I get through with my proscribing and directions for nursing. In cholera infantum we have a disease that if badly managed, the sequelæ are many. I recognize in young children the fact that nearly all their diseases, except the contagious fevers, are on the order of cholera infantum, ranging from a slight indigestion to that fearful disease that is the dread of all warm countries, *Cholera Infantum.* I begin treatment by proscribing all handling of the child. I do not permit it to be held on the lap, carried about the room, rocked in crib or buggy. I insist on the child being kept quiet on a bed. If the child is nursed by a mother, she must be relieved of anxiety as much as possible. She must not have the care of the child more than can be helped. She must have her rest and regular meals. Every thing must be done to have her in prime physical condition, so that her milk will be in the best possible condition. I pity the mother or the doctor that is so void of thought and reason as to neglect this. It is necessary for the recovery of the child, and if neglected, the acute attack may pass off and leave a chronic invalidism which will be named according to the text books as one of the sequelæ of cholera infantum, or some other selected from the nomenclature.

I do not permit company. I prefer a nurse for the child, and keep the mother away from it if possible. Noises must not be allowed about the house, the sick room must be ventilated well. I proscribe all nourishment of any kind for, from twelve to twenty-four hours, depending on the severity of the sickness. I prescribe Fairchild's Ess. of Pepsin, or any other that is good. I am now using Scholtz' of this city, and find it reliable. I have one ounce put in three ounces of water and give a teaspoonful every two hours. If the child has great thirst, I put a half ounce in about a half glass of water, (four ounces,) and give a teaspoonful every hour, alternated with bichloride of mercury solution.

℞. Bichloride Mercury,..... 1-16 gr.
Aqua..... ℥ iv.
Sig. Teaspoonful every hour, alteruating with the pepsin solution.

I order the child to be given all the hot water it will take from a bottle, with salt about two grains to the ounce. This water should be given as hot as the child can take it and as often ss it desires. After the fasting period has been passed, I order one-fourth of its usual supply of food, and the feedings are to be regular and at the same interval the child has been in the habit of taking it when well. I do not change its food, which is so often and foolishly done, unless I am positive the food is bad. If there is nausea, which all bad cases have, and the fasting has not overcome it, the fast must be continued till it is, and instead of giving water by mouth, it is to be given by enema; frequent sponging will relieve the thirst. If the first feeding agrees, and there is improvement in symptoms, the food can

be increased a little each time till the child is brought to the normal amount.

If the child has much pain in the bowels, I order a large enema, say say a quart of water, hot as can be used, with teaspoonful of salt. This will wash out and hasten recovery. Sometimes it will be necessary to repeat this in six or twelve hours. The pepsin digests all food in the stomach; the bichloride overcomes decomposition, and further than this, I can not see an indication for the rational use of medicines.

The fever and nervous irritation is produced by fermentation, and this being disposed of as fast as possible, sponge baths or tub baths are all the remedy I use for the fever aside from the regular course.

If all the details of this paper are gone through with carefully, sequelæ are absent, the doctor will not get credit for curing a very sick child, and inscrutable Providence will not have to be the scape goat to hide a lot of inexcusable blunders. Materia medica will not have to be charged up with uncertainty for not accomplishing the miracle of curing one disease when given for another, and the doctor will have that peace of mind that accompanies a master of the situation. Deaths will come, but it will be from a system that has been overwhelmed by an unequal match.

Indolent or Callous Ulcer.

By De Friste Vogt, M. D., Dermatologist, Cleveland, Ohio.

Written for this Journal.

This form is by far the most common and frequently rebellious, occurring usually in those of middle life, situated in the lower half of the leg and often in the fibular than on the tibial surface, the face of the ulcer being concaved, flattened granulations with a glazed surface and callous edges, and as long as this hard callous ring surrounding the ulcer remains healing will not occur. The treatment of indolent ulcer should consist of such measures as to have the hardened parts to become soft and relaxed by rest and elevation of the limb. A poultice should be applied to the ulcer for two or three days and then bathed twice a day with warm water containing an antiseptic. Having carefully cleansed and dried the parts a piece of aub cotton, large enough to cover the ulcer, should be applied, saturated with the following local application and followed with a bandage:

Asepsin..... grs. xxxii
Aqa Dest..... ℥ viii
M. Sig:—Apply externally.

Asepsin is manufactured by Lloyd Bro.'s of Cincinnati. It is a crystaline white powder of alkaline reaction, has a sweet wintergreen taste and smell; is a decided antiseptic; does not harden tissues like salicylic acid, but, on the contrary, keeps them soft and pliable. a point we wish to gain in indolent or callous ulcer. It destroys all lower inorganic life, vegetable

or animal, and causes the ulcer to become clean and healthy. The patient should be directed to change the dressing twice a day and to keep the aub cotton applied to the ulcer constantly moist with the asepsin sol. Cases where we wish a more stimulating action the edges of the ulcer should be lightly and frequently touched with the solid stick silver nitrate. This is all that is required in local treatment to cure these cases, and under the same the appearance of the ulcer soon changes, the tissues soften and relax, the excurvated cavity fills with granulations and cicatrization soon follows. The constitutional condition of the patient should also be taken into consideration. If strumous the internal use of iodine, codliver oil ; cases with syphilitic history the internal use of hyd. bichloride and potass iodide with tonics :

	Hydrargyri Bichloride.....	grs. ii
	Potass Iodide.....	ʒ xii
	Syr. Sarsaparilla Co.....	ʒ viii
M.	Sig. : ʒi three times a day after meals with water.	

The Internal Use of Antiseptics.

By Prof. JOHN FEARN, M. D., Oakland, Cal.

Written Expressly for this Journal.

How careful the good surgeon is to-day to secure aseptic conditions, as far as possible, in operations, both minor and major. And what brilliant results have followed these efforts after cleanliness.

And yet it is painfully true, that quite a percentage of physicians today do not realize the importance of internal asepsis ; and yet the possibilities on this line are something wonderful. Take the general fevers, or the fevers attending local inflammations, as of the bowels, lungs, kidneys, etc., and in a large number of cases, there is no class of remedies that will so modify the course and character of the disease as will these remedies, "Internal Antiseptics."

From considerable experience I have come to the conclusion that nothing will so rob *Typhoid Fever* of its terrors as attending to the condition of the intestinal canal, and with this end in view, in the early stages of this or any other form of serious fever, I examine closely to see if there are not fecal accumulations in the bowels, and if there are by some means, anemas or laxatives, I have them cleared out. Depend upon it, if this is neglected, you will have serious trouble at the latter end of the fever, with sordes, cracked tongue and lips, tympanitis, diarrhœa, and perhaps ulceration and perforation, with low muttering delirium, or coma and death.

Commencing in this way we give nature an opportunity to help herself, and remedies have an opportunity to work. If your patient's bowels are full of fermenting fecal nastiness you will have fecal reabsorption, and you can no more sweeten such a mass with mild antiseptic solutions than you could sweeten an old fashioned water closet with such solutions.

Having begun well in this way, the first antiseptic I will mention is *water*, and, in my own experience, for this purpose, hot water will be preferable. Most patients will enjoy it better if there is a little dash of salt in it. I have two instructions to which I call special attention, nay, three.

First—Drink it as hot as can be comfortably borne.

Second—Drink it slowly in sips taking plenty of time. For comfort a very feeble patient may sip it through a bent glass tube as they lie in bed.

Third—Let the quantity drank and the repetition of the drink be entirely under the direction of the physician.

If there is serious bowel troubles, as shown by tenderness, and tympanitis, as also some hæmorrhage, I give it not only by mouth but give enemas of hot infusions of ulmus fulon, into the bowels, doing this carefully and not forcefully, keeping the infusion in as long as possible, adding antiseptics to the infusion if needed.

A typhoid patient thus treated is kept as near as possible in a condition of asepsis. He is clean; he feels clean, and he takes proper food in sustaining quantities. Usually the disease is robbed of half its terrors, and with care there are no setbacks or relapses.

But I will mention a few other remedies. Baptisia Tinctoria Tr. made by Lloyd Bros., of Cincinnati, is a wonderful antiseptic in Typhoid Fever. The conditions calling for its use are dusky, purplish color of face, tongue and throat. Scudder says he has seen this same dusky color on chest, etc.—there are marked symptoms of putresency and tendency to breaking down of tissue. In connection with hot water internally and packs externally this is, in my opinion, one of the most reliable remedies, checking diarrhœa by changing the character of secretions. Should the mucous membranes be pale, tongue coated a dirty white, showing acidity plus slight sepsis, a few three grain doses of *sulphite of sodæ* work like a charm.

If the tongue and mouth are deep red, coating brown, showing alkalinity, then *muriatic acid* becomes the antiseptic par excellence. Sufficient of the C. P. Acid may be added to sweetened water to make a pleasant drink. This may be sipped till the conditions are met, and it is in this way one of the certainties in medicine.

Sulpho-carbolate of zinc is another grand intestinal sweetener, and to preserve the stomach and bowels in good condition in typhoid or any serious enteric lesion it is a good remedy. In a recent case where I was called in council, the feces and gases passing from the bowels were most objectionable, as far as odor was concerned. I prescribed two grains of zinc sulpho-carbolate several times a day with immediate improvement. On the strong recommendation of some of my friends I replaced it as an intestinal antiseptic with "Echniacea Angustifolia," but the result was so unsatisfactory, I went back to the Zinc Sulpho Carb.

Salol is another remedy which has a good ruputation on these lines, and not only in Typhoid Fever, but in diseases of the urinary track, also in blood poisoning, rheumatic fever, and dysentery.

Resorcin is a good internal antiseptic. My first experience with this remedy was in a very serious case of dysentery. The breath was bad, bowels hot and tympanitic discharges very fetid. In this case the Resorcin was added to an enema of hot water. The result was like magic, relieving the septic condition and consequently the fever and other unpleasantness, so much so that the patient, a very intelligent boy, asked for the operation to be repeated.

Some months ago an article was going the rounds of the medical press, stating that carbolic acid, properly diluted and taken internally, was almost an infallible cure for gonorrhœa, but it is nothing of the kind. The only value there is in the medicine thus given is that of an efficient antiseptic to the urinary tract, and for this purpose I have frequently used it with good results. The philosophy is here—Carbolic Acid passes off, largely if not almost entirely, by the urinary tract, and as it does so it sweetens and purifies as it goes along. My way of using it is :

℞. Carb Acid..... ℥i
Glycerin..... ℥iv
Aqua..... ℥iv
M. Sig.—℥i, in a glass of water, 4 times a day.

While using this remedy I have the patient, every time he urinates, to bring the lips of the meatus together by the thumb and finger, then fill the urethra with the medicated urine till it is thoroughly distended, hold it there two or three minutes, and then let it run out—do this three times at each time of urinating.

Many uncomplicated cases of gonorrhœa can thus be cured without using injections at all. It is not always successful, but it never fails to do good, and it is not an unpleasant plan of treatment.

If the internal antiseptic methods above mentioned are carried out, the intensity and duration of the most serious diseases can be very much modified, and these methods can be applied to any and all diseases, no matter what the name, where the abnormal conditions are brought about by the retention in the system of morbific poisons which should have been eliminated by one or more of the great emunctories of the body.

In my remarks I have said nothing about baths and the application of water plain or medicated to the surface of the body. The reason is not because I do not believe in them, for I have great faith in hydropathic measures, but the reason I have not mentioned them is because I started out to speak of the internal use of antiseptics, and I will close by saying use water faithfully externally, and with good judgment, with the right antiseptic internally, and your death rate in fevers, and filth diseases generally, will be a very low one.

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Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

THE DANGER OF ANÆSTHETIZING DIABETICS.

The danger of narcotizing diabetics is not as generally known as it should be. As many as twelve fatal cases have been recently recorded. Even in slight cases of diabetes, patients are apt to become comatose and die. Not immediately, but several hours after the chloroform narcosis has passed off. They become indifferent, stupid and confused. Finally lose consciousness, pass into coma and die.

BOILED MILK AS AN ARTICLE OF DIET.

The practice of subjecting milk to a boiling heat before consumption has for the past few years been pretty generally adopted throughout this country, especially that used in our public institutions, and many of the large Hotels, now use sterilized milk for their guests. The traveling public has become intelligent as to the dangers of milk contaminated with micro-organisms of infectious and contagious dis eases. The idea that was so prevalent only a few years ago that milk subjected to boiling was deprived of its nutritive properties, and also, its digestibility, has been supplanted by the fact that it is not only more easily digested, but has actually a higher nutritive value than in the crude state. Dr. Chamonin has recently examined the official statistics issued by various city councils as to the infantile mortality, and he found that the chief cause of death was of intestinal character, and on further investigation found that the mortality of infants that had been fed on boiled milk was much smaller than those fed on unboiled milk.

PHYSICIANS DEFRAUDING THE GOVERNMENT.

It is stated that three prominent physicians of Iowa were recently fined $1,500 each, in the Federal District Court, for defrauding the government. The three constituted the Pension Examining Board at a place called Corrall- It was their custom to let one of their members make the examination of pension applicants, while all three made affidavits as to their result, and collected the fees.

MENTAL AND PHYSICAL RECREATION.

In this busy practical age, both the mental and physical energies are too much concerned about money-making. Physicians wear themselves out in their routine work, and die just as they are about to reap the golden fruit of their labors, having denied themselves all social and physical enjoyment, with the delusive promise to themselves and their friends, that after a certain end is attained, they will give rest to their over-worked faculties. This end reached, another one is substituted, and still another, till the worn out, cheated brain seeks in the repose of death that rest which its possessor denies it in the whirl of busy life. The tiller of the soil, who carresses mother earth, and inhales her vital breath, lives longer, but his mental faculties are dwarfed by the monotonous drudgery with which he seeks to obtain the golden bauble, and his over-worked muscles shrink, and his shoulders droop with excessive toil. He, too, plants his ambitious stake afar off, moves it forward still further as he approaches it, and finally reaches it too exhausted to enjoy what he has so long labored to attain. The wealthy idler too often pursues his avocation of doing nothing with such singleness of purpose as to induce depression of spirits, and thereby enfeeble both mind and body. His imagination becomes tired at grasping empty shadows, and his faculties wear themselves out in sticking at nothing. Many people mistakenly imagine that mental and physical recreation consists in idling away time, while it really consists in doing something all the while, but with such a change of thought and action as to give rest to those powers which are more constantly employed. This item has been written as an incentive to more recreation, both mental and physical, to the student and professional man. It seems that the majority of the human race had rather work out their very existence, without a moment's recreation, than to enjoy themselves for one moment.

A XMAS GIFT.

On the corner of 6th and Davidson streets, in this city, is situated a twos-tory brick structure. In front of this building hangs a sign, and on it is written: "Old Ladies Home." Under this roof the blind, broken, helpless, crippled and defenseless old women of this city are cared for, nourished and protected. In this Xmas time, the season of regenerated feeling—the season for kindling not merely the fires of hospitality in the hall, but the genial flame of charity in the heart—these old women were not forgotten. The Dramatic Club of this city played "Penelope" in the city Opera House and reaped a purse of $216. This amount in toto was sent to the Old Ladies Home as a Xmas gift. Is not this a genuine Christian spirit? Just at this writing does this not show the great necessity of a first-class City Hospital. There is no city in the south, with equal number of inhabitants, that can compare with Charlotte's facilities

and enterprises, and yet we have no city hospital. There is no city more prosperous, more stable; none with a brighter future, none with a greater increase of population in the same length of time; yet we have no Hospital. Must this *be said* of our city forever?

NATIONAL BOARD OF HEALTH.

There is no doubt about Cleveland having been "*cussed*" more than any living man in the world within the last year. He has been abused for the general depression in business, for the low price of cotton, the low price of land, and it is said that in an eastern county a man walked out one morning, early in the Fall, and found there had been a heavy frost which was detrimental to his business, and he said, "now has'nt Cleveland certainly played ——." But with all this, in his message to Congress he recommends the establishment of a National Board of Health. He may be wrong in many things, but he is a level headed old fellow on this subject. The clause of the President's message, referring to this subject, is as follows:

"I am entirely convinced that we ought not to be longer without a National Board of Health Officer, charged with no other duties than such as pertain to the protection of our country from the invasion of pestilence and disease. This would involve the establishment of such Board or officer of proper quarantine precautions, or the necessary aid and counsel to local authorities on the subject, prompt advice and assistance to local Boards of Health or health officers in the suppression of contagious disease, and in cases where there are no such local boards or officers, the immediate direction of the National Board or officer of measures of suppression, constant and authentic information concerning the health of foreign countries and all parts of our own country as related to contagious diseases; and consideration of regulations to be enforced in foreign ports to prevent the introduction of contagion into our cities, and the measures which should be adopted to secure their enforcement. There seems to be, at this time, a decided inclination to discuss measures of protection against contagious diseases in international conference with a view to adopting means of mutual assistance.

"The creation of such a National health establishment would greatly aid our standing in such conferences, and improve our opportunities to avail ourselves of their benefits.

"I earnestly recommend the inauguration of a National Board of Health, or similar National instrumentality, believing the same to be a needed precaution against contagious disease, and in the interest of the safety and health of our people."

THE United States has nearly 2,000 women practicing medicine.

REMARKABLE AGE.

Prof. Bell, the famous and illustrous inventor of the telephone, is not contented with what he has already accomplished, but is now at work on the problem of producing a miniature photograph of the speakers at each end of the telephone wire. He thinks it is possible to see people hundreds of miles away by means of electricity. The uses of electricity is yet in its infancy. What would our forefathers think if they could return and carry on a conversation at distant points with their photographs at each end of the wire. They would next expect air-ships, etc.

A NEW DIAGNOSTIC SIGN OF CANCER.

Dr. C. Bogdan, with other eminent diagnostitians of Europe, have learned to regard patches of wine-red discolorations of the cheeks as a diagnostic sign of gastric and uterine cancer. The patches are formed by the dilatation of the superficial vessels. The stain shows out sharply against the normal color of the surrounding skin. Bogdan has reported numerous cases in which he was able to make a prognosis of uterine and gastric cancers many months before other early symptoms, peculiar to this disease, make their appearance.

ANTISEPTIC TREATMENT OF BURNS.

An eminent French surgeon recently concluded an article with the above heading in the following words :

1. Fresh, superficial burns, as well as deep ones, can heal under antiseptic treatment without the production of pus.

2. If pus is produeed, the wound is disinfected, and the course remains the same as if non-infected. But if the pus is of long standing and the wound begins to granulate, then disinfection is not possible.

3. To disinfect wide-spread burns an anæsthetic will often be necessary, and to this end chloroform is best suited.

4. If the wound is non-purulent, the unnecessary use of an antiseptic hinders the healing process.

5. Antisepsis is the best analgesic.

6. Burns heal rapidly under the antiseptic treatment. Burns of the second degree require eight days ; of the third degree, from two to three weeks.

7. Burns of the second and third degree heal without trace remaining ; of the fourth degree, cause a scar, which does not retract, while this will be smoother the less the amount of pus.

Diphtheria has been epidemic in a great many places during the past two months. There never was a more opportune time to try the virtue of antitoxine.

DR. W. H. WAKEFIELD.

Dr. W. H. Wakefield. the well-known and successful specialist on the Eye, Ear, Nose and Throat, formerly of Winston, N. C., is now a resident of Charlotte, and is located in the handsome buildlng on the corner of 9th and Tryon streets, Dr. Wakefield is recognized as a man of great ability as a specialist, and Charlotte welcomes him and is glad to have him as one of her citizens.

THE WORLD'S LIFE INSURANCE.

Some conceptions of the enormous proportions which the life insurance business has assumed may be formed from the following statistics summarized from an article by Mr. David N. Holway in the June number of the Arena. The amount of the world's outstanding life insurance at the beginning of 1801 was, in Great Britain (including Canada and Australia), $3,077,000,000, on the continuent of Europe, $2,715,000,000, and in the United States, $4,101,000,000.

At the beginning of 1892 the total insurance in force throughout the world was $10,680,000,000, or an increase of $787,000,000 over the world's total on January 1, 1891. During the present decade the world's life insurance has increased in volume 75 per cent., the volume in the United States having increased 260 per cent. in amount. It is estimated that the American companies alone have already paid to the families of deceased members $633,000,000, and fully $125,000,000 in matured endowments to over 60,000 persons.

"It is," concludes Mr. Holway, "indeed a great business which has systematically and conservatively arranged for the future payment of nearly $11,000,000,000 to 20,000,000 beneficiaries throughout the civilized world; which during 1891 paid $625,000 daily to policy-holders and beneficiaries and during the same year issued new insurance to the amount of $1'778,-000,000. With all its enormous achievements, however, it is only at the threshold of a much more enormous future."

CODEX MEDICUS PHILADELPHIÆ.

This is the name of the new Journal of Medicine, edited and published by Cuvier R. Marshall, A. M., M. D., Philadelphia, Vol. I, No. 1. It is well printed. We welcome it into the field of journalism.

SCIENTIFIC AMERICAN.

The journal has in the beginning a cut of the New York Hospital. It is one of the most interesting, practical and useful journals in the world.

It is stated that the world contains 2,173 persons having six fingers on one hand, and 431 having seven fingers.

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

The Virginia Pharmacal Co.

Manufacturing Chemists and Pharmacists,

RICHMOND, VA., U. S. A.

Trade Supplied by

BURWELL & DUNN, Charlotte, N. C.

At Manufacturers' Prices and Discounts.

Mention Charlotte Medical Journal.

BOOK REVIEWS.

TEXT-BOOK OF HYGIENE: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By GEORGE H. ROHE, M. D., Professor of Therapeutics, Hygiene, and Mental Diseases in the College of Physicians and Surgeons, Baltimore, Superintendent of the Maryland Hospital for the Insane; Member of the American Public Health Association; Foreign Associate of the Societe Francaise D'Hygiene, etc. Third Edition, Thoroughly Revised and Largely Rewritten, with many Illustrations and Valuable Tables. Royal Octavo, 553 pages. Cloth, $3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

How rapidly has hygiene, or the art of preserving health, grown within the past few years. It is a very important part of medicine. Its importance increases from year to year, and the necessity for education upon the subject is becoming more and more urgent. The greatest improvements in modern medicine have been along the line of Preventive Medicine. As knowledge in this department increases the demands upon the medical man also increases. A number of Text-books have been written upon this subject, but this one now under review is the best. It is designed especially for the American practitioner, and is written for the special use of the medical man. The first chapters are devoted to the atmosphere, with the influence of changes of atmospheric pressure on health, influence of changes of temperature on health, including the principles of ventilation; water and water supplies; foods and their effects in causing or preventing disease. These are followed by very important chapters on soil; the removal of sewage; construction of habitations; construction of hospitals; school hygiene; industrial hygiene; military and camp hygiene; marine hygiene; prison hygiene. With these very interesting chapters, there are also chapters of special interest to the general practitioner on exercise, bathing, and the disposal of the dead. The chapter on quarantine is the work of Surgeon General Wyman and Dr. Geddings of the Marine Hospital service. This is a chapter of special value to health officers, as it presents the most recent and modern ideas upon the subject of quarantine. Full directions are given for the management of epidemics, and the disinfection of ships, houses and rooms in which contagious diseases have been present, etc. Health officers will also find much interest in the chapters on vital statistics, and on examination of air, water and food, by Prof. Egbert. The history of epidemic diseases is by far the most interesting chapter to the general reader. Sixty pages are devoted to this topic. Among this class of diseases the plague, or black death, is ranked first as exceeding in fatality of all others. From its reappearance recently in China and Japan, it is of special interest. It is estimated that during its prevalence in Europe, between 1547 and 1551, 25,000,000 people died. While filth and poverty are not direct causes, yet they play their part. It is probable that it will never again gain great momentum in a community living under modern sanity laws

The chapter on the germ theory of disease, contageon, and on the disposal of the dead, are excellent, As regards cremation he believes that, from a sanitary point of view, it is not necessary in this country. The work on the whole is most excellent. The index is good, and the bibliography at the end of each chapter will be of great value to those who wish to make a more extended study upon any of the special subjects considered. The book is most excellent and handsome from every point of view.

OBSTETRIC SURGERY. By EGBERT H. GRANDIN, M. D., Obstetric Sugeon to the New York Maternity Hospital, Gynæcologist to the French Hospital, etc.: and GEORGE W. JARMAN, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.: with Eighty-five (85) Illustrations in the Text and Fifteen full-page Photographic Plates. Royal Octavo, 220 Pages. Extra Cloth, $2.50, net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

It is only within the last decade that obstetric surgery has progressed toward the scientific eminence to which it may justly lay claim to day. Before the advent of the era of antisepsis and asepsis, before the fear of handling the uterus had been swept away, the forceps and version were the only operations which came within the ken of the average practitioner, and the results from resort to these were any thing than matters to be proud of. We are glad this book has been written. It is just the book that has long been needed. It tells the physician exactly what to do and when to do it. It tell him how to keep clean in obstetric work, not only himself but asepsis of the syringe in women. It tells him all about dystocia and its dstermination. It tells him how to bring about abortion, how to perform version, how and when to induce premature labor. Describes very minutely and makes you fully acquainted with the uses of the forceps. Symphysiotomy, cæsarian section, embryotomy, surgery of the puerperium, etc., all receive full attention. The illustrations are excellent, among the best we have ever seen. The book is very handsome in every respect; a credit alike to both author and publisher.

SEXUAL NEURASTHENIA (Nervous Exhaustion). Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by GEORGE M. BEARD, A. M., M. D. Edited with Notes and Additions by A. D. ROCKWELL, A. M., M. D. Fourth Edition, with Formulas. New York: E. B. Treat, 5 Cooper Union. 1895. Price, $2.75.

Few morbid conditions cause more unhappiness, or are attended with more disastrous results, than disturbances of the sexual functions. He who sees only here and there, and now and then, cases of this kind, has but little conception of the vast sum of misery around him which is either silently borne, or finds expression in some cruel act of crime or in suicide. There are sexual perverts from choice, through voluntary self-abasement. They cherish this condition of sexual perversion, many of them, as the opium eater and inebriate cherish their destructive appetite. For these perverts we may feel pity, but with it are mingled profound feeling of dis-

gust. Then there are perverts who, without fault or wish of their own, are in a continual state of sexual erethism that is abnormal and pathological. Upon this subject scarcely any thing has been written, so the author, to make this work complete, has added a chapter on Sexual Erethism. This work is divided into the following sections:

Introduction; nature and varieties of neurasthenia; evolution and relation of the sexual sense; the relation of neurasthenia to other diseases; sexual hygiene; diagnosis and prognosis; illustrative cases; treatment of sexual neurasthenia; the diet of the nervous; sexual erethism.

The section devoted to the perplexing subject of the physics of neurasthenia is handled with especial vigor and originality. The work contains about 300 pages, and bears the imprint of neatness and substantiability. The work is very interesting and complete along the line upon the subject it treats.

The Medical News Visiting List for 1895. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month): Perpetual (undated, for 30 patients weekly per year): and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, $1.25: Philadelphia: Lea Brothers & Co., 1894.

The Medical News Visiting List for 1895 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical Table of Diseases, with the most approved Remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnogtic Table of Eruptive Fevers, and the Ligation of Arteries. The classified blanks (160 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement of the record blanks are the result of ten years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left wanting. When desired, a Ready Peference Thumb-letter Index is furnished, which is peculiar to this Visiting List, and which will save manyfold its small cost (25 cents) in the economy of time effected during a year. In its several styles The Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

Burdett's Hospital and Charities Annual, 1894. Edited by Henry C. Burdett, London. The Scientific Press (Limited), 428 Strand, W. C. London.

This book tells us more about Hospital work, Medical Colleges, etc., than any book we have ever seen in print. It contains more matter, more

figures, more correct data that people know nothing of than any book ever written. This issue of the book has been re-cast and re-set in new type, and we can truly say that we believe that no one can now refer to this Annual without finding in its pages, on all essential points, the desired information. As a book of reference it will be found of real assistance, as the facts are given in consecutive order on an identical basis throughout the volume.

The first 320 pages are devoted to special subjects of more than passing interest to those engaged in the management and support of hospitals and charities generally. We believe this is the only book published which attempts to deal exhaustively with the various matters which make for good or for bad management in charitable institutions.

In addition to the first 320 pages, which may be regarded as the Year Book of Philanthropy, some 500 pages are devoted to a Directory of Universities, Colleges, Licensing Bodies, Schools of Medicines in Great Britain Hospitals, etc., etc. The book has a double index, which occupies 40 pages. By this means the reader will be enabled readily to refer to any particular charity in the working of which he may feel a special interest. We heartily commend the work.

JESUS THE MESSIAH. By ALFRED EDERSHEIM. Author's Edition, Octavo, pp. 659. New York: Anson D. F. Randolph & Co. $1.75. London: Longmans, Green & Co.

The author of this remarkable and interesting book is a clergyman of the Church of England, who, educated in the Jewish faith, was subsequently converted to Christianity. His intimate acquaintance with Hebrew customs and manners, and above all, with Rabbinical learning, has enabled him to extract from that vast treasure of erudition, of which all, except a few specialists, are wholly ignorant, such splendid and precious material as will serve to illume and render more vivid and realistic the Gospel narrative. The account follows the New Testament narrative quite closely, the aim being so to present the "laws, customs, habits, topography of places and situation of temples and other historic buildings synchronous with His life on earth, that the reader may be transported into that time and feel that the Gospel presents a real historical scene." The book is well bound and printed, and is liberally and beautifully illustrated.

COLLEGE DAYS OR HARRY'S CAREER AT YALE. By JOHN SEYMOUR WOOD. The Outing Company, Ltd., 239-241 Fifth Avenue, N. Y. 1893.

This book will not only be read wirh delight by Alma Maters of Yale, but by every one who enjoyed college life. This book will carry him back to the happiest days of his life. The author has given a picture of student life at Yale as it was twenty years ago. Of course there are some changes in the past twenty years, but college days are the same everywhere. The author has accomplished his work admirably.

THE HAND-BOOK OF STANDARD OR AMERICAN PHONOGRAPHY. By ANDREW J. GRAHAM, A. M. New and Revised Edition. 12mo., pp. 441. New York: Andrew J. Graham & Co. $2.00.

Mr. Graham published the first edition of his "Hand-book" of phonography in 1858. The work was based upon the English (Pitman) system, but Mr. Graham's results in the labor of extension and perfection were so great as to lead to this opinion from Hon. W. T. Harris, U. S. Commissioner of Education: "What was formerly anomalous now gives place to general principles, and the materials which previously were presented in a confused, chaotic way, are reduced to the order of science." Mr. Graham, believing his system would never require important changes, called it the "Standard." The test of thirty-five years has warranted this faith. The wearing away of the original plates has made necessary a new edition, which contains no changes in the principles, but only certain improvements in presentation. The portion given to "phonetics" has been omitted; the number of illustrations in the text has been largely increased, and a phonographic dictionary of forty pages has been added. The "Graham system" must impress even a casual observer as one in which thought as well as long experience have been expended, not only in the elucidation of general principles, but in their practical application to the minutest, details and to all possible demands of the phonographic art. Statistics show that more than half the court reporters of the United States employ the system, and it has had high commendation from authoritative quarters. Mr. Graham,s labors in phonographic interests were not confined to this hand-book; his publishing and journalistic efforts in his chosen field were extensive and unwearied to the time of his death last spring.

GEOLOGICAL GUIDE BOOK FOR AN EXCURSION TO THE ROCKY MOUNTAINS. SAMUEL FNANKLIN EMMONS, Editor. New York: John Wiley & Sons. 1894. Pp. 257 to 487. Price, $1.50.

This book is excellently described by its title. It is a series of monographs on the geology of America, and it is preceded by a map giving the divisions under which the subject is treated, with the railroad routes by which the localities are reached. It was designed for immediate use on the oceasion of the Geological Congress, and forms an admirable resume of the geology of America. Additional maps and illustrations are given as required to elucidate the text.

ELECTRICITY AT THE COLUMBIAN EXPOSITION. By J. P. BARRETT. Octavo, pp. 516. Chicago: R. R. Donnelley & Sons Company.

Mr. J. P. Barrett, Chief of the Department of Electricity at the Columbian Exposition, has prepared a volume which records in a very comprehensive manner the part which electricity played in the organization and success of the fair. He gives account of the most significant exhibits in the electrical building, of the power plant in Machinery Hall, of the elec-

tric fountains, search lights, lighting of the Ferris wheel, etc., etc., even including such a topic as "electrical journals and periodicals.,' The work is intended to arrange and preserve information of serious value to the electrician, and Mr. Barrett has chosen an accurately descriptive and technical style. The binding and typography of the book are excellent, and it is richly illustrated.

WILSON'S CYCLOPEDIC PHOTOGRAPHY, a Complete Hand-book of the Terms, Formulæ, Materials, Apparatus, Processes and Applications of Photography, Arranged in Cyclopædic Form for Ready Reference. By EDWARD L. WILSON, Ph.D., Editor of "Wilson's Photographic Magazine;" "Photographic Mosaics;" Author of "Quarter Century in Photography;" "Photographics.', etc. Edward L. Wilson, 858 Broadway, New York. Headquarters for all Photographic Books.

This is a day of encyclopædias. They contain the mental medicines and remedies and palliatives which this busy world must have in order to do its work. Every one must apply to them—it is no discredit to resort to their help. Such being the case, the photographer must not be neglected—he has not been neglected. But he requires more than a broad, thick book of definitions, derivations, and dwindled illustrations. He must have the whole practice of his art in his daily reference book, and it must be served up in encyclopædic form. This has been done in Wilson's Cyclopædic Photography. It was begun twenty-five years ago. It gives all the practical processes which have been made known in photography from the beginning until now. Its historical references read like a romance; its every day helps are concisely and directly written for earnest service.

In the matter of printing processes, for example, the index refers us to eighty-three pages; lenses claim attention on forty-six pages; development on forty pages; toning on twenty-eight pages, and so on. A good classified index directs the reader quickly to all the references upon any one subject. He does not need to waste his time in hunting. The book is for the quick worker, and no accelerator surpasses it.

One of the most novel features of the work, and one of the most valuable, too, is the Appendix, contributed by the leading dealers and manufacturers of our country and Europe. This is something entirely new in bookmaking, and it supplies a lot of valuable reading. Among other things in this appendix there are several pages devoted to saving wastes, hypo and its uses, isochromatic plates, aristotype papers—all these and many more thihgs, treated upon an entirely new plan, which will attract many readers and students.

THE PROCEEDINGS OF THE FOURTH ANNUAL MEETING OF THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES. Held at Washington, D. C., on the 1st, 2d and 3d of May, 1894. St. Louis: Col. E. Chancellor, Secretary. Price, $4.00.

This large and voluminous work contains eight hundred pages. It is very handsome in its general make-up and typographical appearance.

It possesses a very comprehensive index, and is beautifully illustrated with numerous photo-engravings, half-tones and electrotypes. It is prettily printed and handsomely bound, and is immensely valuable to any person interested in military medicine, surgery, sanitation and equipment. We wish to congratulate Col. Chancellor, who is the Medical Director of the National Guard of Missouri, on the excellence of his work as Secretary of this Association.

Reprints.

Protonuclein, the Phagocytoblast of the Organism. Read before the New York Microscopical Society by T. O. Summers, M. D., December 7, 1894. Reprinted from The New York Microscopical Society Proceedings.

Treatment of Insomnia. By Samuel Wolfe, A. M., M. D., Physician to Philadelphia Hospital; Neurologist to the Samaritan Hospital. Reprint from the American Therapist, October, 1894.

A Study of the Cheyne-Stokes Respiration. By Samuel Wolfe, M. D., of Philadelphia, Penn. Reprinted from "The Journal of the American Medical Association," January 28, 1893.

Surgical Treatment of Tumors of the Neck. By Thomas H. Manley, M. D., Visiting Surgeon to the Harlem Hospital, New York. Reprinted from "The Medical Brief," St. Louis, Mo., 1894.

Hygiene of the Eye. By L. Webster Fox. M. D., Professor of Ophthalmology, Medico-Chirurgical College, Philadelphia. Reprinted from "The Dietetic and Hygienic Gazette," November, 1894.

Contusion of the Abdomen, with Rupture of the Thoracic Duct. By Thomas H. Manley, M. D., Visiting Surgeon to Harlem Hospital, New York. Reprinted from The Medical News, November 3, 1894.

Relapsing Appendicitis, with Report of Case. By Dr. J. W. Young, Bloomfield, Iowa. Delivered before Western Association of Obstetricians and Gynecologists, at the annual meeting, in Des Moines, Iowa, Dec. 27, 1893. Reprint from St. Louis Medical Review, Jan. 6, 1894.

Polio Encephalitis Superior Acuta. By Samuel Wolfe, A.M., M.D., Clinical Professor of Nervous Diseases in the Medico Chirurgical College, Philadelphia. Reprinted from the Journal of Nervous and Mental Disease, April, 1894.

The Pre-tubercular and Pre-bacillary Stages of Consumption. A Consideration of the Early Diagnostic Signs of Pulmonary Tuberculosis —A Plea for the Recognition of Premonitory Symptoms. By Charles Manly, A. M., M. D. Read before The Colorado State Medical Society, and before the Alumni Association of the Denver Medical College, 1894.

Tuberculosis in the Ano-Rectal Region. By Thomas H. Manley, M. D., Visiting Surgeon to Harlem Hospital, New York. Reprinted from "The Medical Brief," St. Louis, Mo., 1894.

Evisceration of the Eye-Ball. By L. Webster Fox, M. D., Professor of Ophthalmology, Medico-Chirurgical College, Philadelphia, Pa. Reprinted from the Codex Medicus Philadelphiæ, November, 1894.

The Pathology, Symptomatology and Treatment of Hemorrhoids, Simple and Complicated. By Thomas H. Manley, M. D., Visiting Surgeon to Harlem Hospital, New York. Reprint from St. Louis Medical Review, October 7, 1893.

An Introductory Address to the Students of the Medico-Chirurgical College. By L. Webster Fox, M. D., Professor of Ophthalmology in the Medico-Chirurgical College. Delivered October 3, 1894. Reprinted from The Medical Bulletin, October, 1894.

The Commercialization of Medicine; or, the Physician as Tradesman. A Sociological Study. By Theodore W. Schaefer, M. D., Kansas City, Mo. Reprinted from the Boston Medical and Surgical Journal of November 22, 1894. Boston: Damrell & Upham, Publishers, 283 Washington Street.

Immediate Capsulotomy Following the Removal of Cataract. By L. Webster Fox, M. D., Professor of Opthalmology in the Medico-Chirurgical College of Philadelphia. Extract of a paper read before the State Medical Society of Pennsylvania, May 17, 1894. Reprinted from The Medical Bulletin.

Rest in Bed as a Resource in the Treatment of Chronic Non-Suppurative Catarrh of the Middle Ear. By A. Britton Deynard, M. D., New York, Instructor in Diseases of the Eye and Ear; Assistant Surgeon to the Manhattan Eye and Ear Hospital, Fellow of the Academy of Medicine, &c. From the Post-Graduate.

Chairman's Address. Read in the Section on Obstetrics and Diseases of Women, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894. By Joseph Eastman, M. D., LL.D., formerly Professor of Anatomy, and Professor of Gynecology and Abdominal Surgery, Central College of Physicians and Surgeons, Indianapolis, Ind. Reprinted from the Journal of the American Medical Association, August 4, 1894.

When writing a prescription in which you use glycerine as a vehicle for its solvent, soluble and anti-fermentive properties, the same ends will be gained and your patient materially strengthened and benefitted by writing Codliver Glycerine instead of simple glycerine.

Literary Notes.

Apropos of the current discusion of anti-toxine, the alleged diphtheria remedy, and its merits, the editor of the Review of Reviews, in "Progress of the World," calls attention to the decline of such old-fashioned maladies as small-pox and typhoid fever and the increased efforts of modern sanitary science to grapple with children's diseases, especially diphtheria and scarlet fever. The Review also offers a few suggestions concerning the duty of society in relation to the condition of city slums, and the housing of the poor. To show that the situation in New York is not quite as bad as it has been represented, the editor cites the suggestive fact that the mortality rate for New York tenement houses is lower than that for the slum districts in European cities. There is ground for encouragement in this.

Age Improves It.—The Youth's Companion is soon to enter upon its sixty-ninth year of publication, and as one says who has been a constant reader of its columns for more than thirty years, "It has steadily improved year by year." Its articles to-day cover the whole field of life and experience, furnishing a vast amount of valuable and entertaining reading of a character not found elsewhere, and of so great a variety that The Companion interests alike each member of the family.

The Prospectus for the volume of 1895 announces an unusual array of attractions; fourteen serial stories, a wealth of short stories, anecdotes, humorous sketches, adventures, science and home articles, timely editorials on all important questions, and more than two hundred original poems of the highest class.

Full Prospectus and specimen copies sent free on application. It comes every week. Finely illustrated.

The Youth's Companion, Boston, Mass.

Lippincott's Magazine for January, 1895.—The complete novel in the January issue of Lippincott's is "The Waifs of Fighting Rocks," by Captain Charles McIlvaine. The scene is laid in the mountains of West Virginia, and the tale is one of adventure, love, and jealousy among the mountainers.

"By Telephone," a stirring newspaper story by Francis C. Regal, shows how a plucky reporter defeated a conspiracy and brought the criminals to justice. "A Question of Responsibility," by Imogen Clark, deals with delicacy *vs.* life-saving in a lodging house.

The other stories belong to Christmas, and are offered at the right time instead of a month beforehand, as is the usual magazine custom. These are "Mrs. Santa Claus," by Marjorie Richardson, "A Prodical Friend," by S. Elgar Benet, and "Mrs. Risley's Christmas Dinner," by

Ella Higginson. Each of them is in the spirit of the season, though the last is in a minor key.

"Christmas Customs and Superstitions," are collected by Elizabeth Ferguson Seat. Edgar Fawcett recalls "New Year's Days in Old New York," and Edith Duff "Empress Josephine's Happy Day," ninety years ago.

In "The Ducks of the Chesapeake," Calvin Dill Wilson tells all about the canvas-back before he is shot and after. Gilbert Parker offers a study of "Herbert Beerbohm Tree," the actor. F. M. B., in "With the Autocrat," recalls some notable private utterances of Dr. Holmes, and M. Kaufmann discusses "Socialist Novels."

The poetry of the number is by M. S. Paden, Alice Brown, Kathleen R. Wheeler, and Susie M. Best.

A New Volume.—With the first number in January, Littell's Living Age enters upon its two hundred and fourth volume. The field of periodical literature, especially in England, is continually broadening, and including more and more the work of the foremost authors in all branches of literature and scienec. Presenting, in compact and convenient form, all that is most valunble of this work, The Living Age becomes more and more a necessity to the American reader, for, by its aid alone, he can conveniently as well as economically keep well abreast with the literary and scientific progress of the age and with the work of the ablest living writers.

The opening issues of the new year will contain, with others, valuable and timely articles in sciencc, politics, biography, theology and general literature, from the pens of Prince Kropotkin, the Duke of Argyll, (Bacon and Huxley), Max Muller, the Marquis of Salisbury, Lord Hobhouse, (The Position of the House of Lords), Edmund Gosse, Lord Ebrington, (Conversations with Napoleon at Elba), Sidney Low, (If the House of Commons were Abolished), Patchett Martin, W. M. Conway and other leading writers; together with papers of interest by M. Rees-Davies, Stephen Gwynn, etc., etc.; in fiction, the choicest short stories by the best authors.

For a magazine which gives an amount of reading matter unapproached in quantity, and unsurpassed in quality by any other periodical, the subscription price ($8.00 a year) is cheap, while by taking advantage of the generous club-rates much better terms may be obtained, for the publishers offer to send any one of the American $4.00 monthlies with The Living Age for one year for only $10.50, thus furnishing to the subscriber at small cost the cream of both home and foreign literature. The publishers also offer to send to all new subscribers for the year 1895 the thirteen weekly issues for the last quarter of 1894, forming an octavo volume of 824 pages, gratis.

Littell & Co., Boston, are the publishers.

The Popular Science Monthly for January, 1895.—The Popular Science Monthly never flags in its task of giving to the general public the new and broader views of Nature, including man, that scientific investigators are opening up. In the leading article of its January number many of the wonders that astronomers have discovered are brought within the view of amateurs with small telescopes. It is the seeond of a series of papers illustrated with star-maps which Garrett P. Serviss is contributing under the title Pleasures of the Telescope. In twenty-five years of Preventive Medicine, a history of sanitation in this country is given by Mrs. H. M. Plunkett. Ethics in Natural Law is the title of an essay in which Dr. Lewis G. Janes criticises the famous Romanes lecture by Prof. Huxley. Colonel A. B. Ellis's paper, On the Origin of Weeks and Sabbaths, shows that while weeks of various lengths have existed among different peoples they have all been intended as subdivisions of the lunar month. Among moon-worshiping tribes, sabbaths at first occurred monthly. The Jews did not have a weekly sabbath until after their captivity at Babylon. Under the title Two Lung-Tests, Dr. F. L. Oswald shows how costly apes are killed in menageries by lack of fresh air. Prof. James Sully takes up in his Studies of Childhood the idea of self, of the past, of God, and others that young philosophers puzzle over. H. C. B. Cowell writes on School Ethics, pointing out ways in which practical teaching of this subject could be added to the theoretical. The methods employed in The Barometric Measurement of Heights are described by J. Ellard Gore. S. S. Buckman finds in Babies and Monkeys subjects for many comparisons that are both amusing and instructive. Under the title Animal Tinctumutants the changing of color by animals is discussed by Dr. James Weir, Jr. A striking instance of municipal parsimony is given by G. H. Knight under the head of Schoolroom Ventilation as an Investment. Eduard Strasburger discusses Correlation of Factors in Organic Growth; and there are a Sketch and Portrait of Prof. Denison Olmsted, whose Natural Philosophy and Astronomy have been known to two generations.

New York: D. Appleton & Company. Fifty cents a number, $5 a year.

Announcement.—E. B. Treat, publisher, New York, has in press for early publication the 1895 International Medical Annual, being the thirteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. In will be the conjoint authorship of thirty-eight distinguished contributors and Specialists, from America, England and the Continent. It will contain the progress o Medical Science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific rep-

utation is identified. In short, the design of the book is to bring the Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and color will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, $2.75.

E. B. Treat, Publisher, also has in press the following books which will be issued early in 1895:

The Practice of Medicine. A Synopsis of; comprising an embodiment of the late "Systems and Cyclopedias. By Wm. B. Stewart, M. D., of Philadelphia, 433 pages. $2.75.

Diseases of the Nose and Throat. By Watson Williams, M. D., London. Colored Plates. $2.75.

Legal Medicine, Hamilton's System of; Assisted by Thirty Medical and Legal Colaborators, is announced as now ready. Complete in two vols. $5.50 each.

A Substitute for Morphia.

"Febrinol" given in 10 gr. doses is a reliable substitute for Morphia, and is indicated in all nervous and painful conditions where Morphine is given. Febrinol has the advantage of relieving pain quickly without any of the evil effects of Morphia. Febrinol is also a reliable Hypnotic; 10 gr. administered at bed time rarely fails to produce sound refreshing sleep. —*Alhaloidal Clinic.*

A postal to Fuller & Fuller Co., Chicago, will bring samples and literature by return mail.

He Carries It in His Pocket.

When the editors of our medical journals chooses a certain remedy one may rest assured there is good reason for doing so; because the editor has an opportunity through his exchanges of knowing more about these matters than can hardly be the case with others. The Editor of the Southern Medical Record, Dr. D. H. Howell, has been a sufferer for months with the most intense pain in his eyes. After trying a number of "old reliables" he betook himself to Antikamnia. He says: "I was relieved in less than two hours. I now carry it in my pocket all the time."

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I have used two bottles of Phytoline, "Walker," and reduced my weight fifteen pounds, and three inches in size around the waist; breathe freely and can walk with ease—something I have not been adle to do in four years. I can now walk up a flight of stairs without stopping.

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Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from COAL PRODUCTS. It is a derivative of the QUINOLINE GROUP, and is, therefore, an anologue of PHENACETINE and ANTIFEBRINE, but has marked and highly important advantages of them, they being derived from the BENZINE GROUP. All derivatives of the BENZINE RING have dreidedly depressing effects upon the heart's action and the nerve centres.

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Quinalgen was discovered and brought to the notice of the profession by Dr. VIS, of Germany, three years ago. It was first tried for Fever, Neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Goliner, of Urfurt, Dr. Treupel, of Breslau, and many other distinguished German practitioners gave it extensive trial, and the consensus of their opinion is that QUINALGEN marks a decided advance in the therapeutic agents that are available in the treatment of Fever, Headache, Neuralgia, the pain of Rheumatism, Sciatica, etc.

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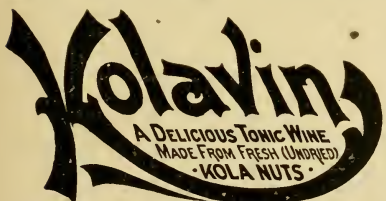

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Kola is highly recommended by competent authorities (see our Monograph) as a valuable cerebro-spinal stimulant, partaking of the nature of tea, coffee and cacao, only more sustained in its action. It is a valuable remedy for the treatment of mental and nervous depression, indigestion, and debilitated states of the system generally. Kola is not a food. While it decreases tissue waste, and thus, to a certain extent, conserves energy, it does not supply fresh energy to the system. It is not, therefore, recommended to take the place of food. But it does stimulate the digestive functions, and taken in conjunction with food, increases its value to the system in cases of impaired digestion and assimilation. It is also employed with benefit in asthma, various diseases of the heart, seasickness, melancholia, chronic alcoholism, etc.

Our Monograph on Kola

is profusely illustrated and contains all obtainable information on the drug up to date. A copy wil be mailed to any physician on request.

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Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

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Correspondence.

To the Editors of The Charlotte Medical Journal:

Dear Sirs:—I have learned that the Index Medicus will cease to be published with the February number, owing to lack of support, and the fact that a large number of its subscribers are delinquent, unless an effort is made to continue it.

The value of this publication to those who do any work at all in connection with medical literature is so great that I take the liberty of writing to you to express the hope that you will not only become a subscriber, but will urge other of your professional friends to do so.

It is particularly necessary that the Index Medicus should be continued, owing to the fact that after the completion of the supplementary volume of the Index Catalogue of the Surgeon-General's Library there will be no record of contemporary medical literature, and he who desires to keep pace with it, or who wishes to study a particular subject, will have to resort to the laborious task of seeking in various journals that which he desires if the publication of the Index Medicus ceases.

It will be possible to continue the Index Medicus if 500 new subscribers are obtained. The subscription price is $10 per annum, which should be sent to Mr. George S. Davis, publisher of the Index Medicus, Box 470, Detroit, Michigan.

As the Index Medicus can never be made a success from a commercial point of view, because of the peculiar scope of its work, I have no hesitancy in making you acquainted with these facts, and I earnestly hope that you will insert a notice emphasizing the importance of this matter in the columns of your valuable journal.

H. A. Hare.

Peacock Chemical Co., St. Louis:

Gentlemen:—I need scarcely repeat what I have said to you personally, that my faith in the integrity of your firm and confidence in the selected purity of your valuable combination gives me full faith in their therapeutic efficacy for all conditions where bromide compounds are indicated.

My personal trials of Peacock's Bromides have always given satisfaction.

It is a good thing for the profession that you have undertaken to give them guaranteed purity in these therapeutic agencies. The profession may rely upon you with confidence.

C. H. Hughes. M. D.,
President of Faculty, Barnes Medical College.

St. Louis, Mo.

Paskola.

"Fiat Justitia; ruat coelum." For the enlightenment of our antique readers, whose Latin may be rusty, we would say that this means that justice should be done to everything and every body, no matter what may be the consequences, and it is not always that the consequences are insignificant to him who tells the truth. Some few years ago this journal undertook the task of impartially examining and fearlessly reporting upon the various articles offered for sale to the public. It was an extremely valuable and interesting work, but it was soon found that these reports were so misused and misconstrued to serve the commercial interests of those interested therein, and the editor found himself so constantly misunderstood (as is usually the case when a man starts out to tell the truth regardless of whose toes he may be treading upon), that this work of immense value was abandoned.

Among honest, thoughtful persons, at the time referred to, the journal earned the reputation of being absolutely truthful and incapable of purchase in the preparation and presentation of these reports.

They were elaborately prepared (always without any knowledge on the part of the manufacturer that his goods were being examined) and published fearlessly.

It has now been some years since these reports were discontinued, and during this time the journal has repeatedly refused to publish commendatory notices that have been asked for by advertising patrons of the journal. Since its inception the editor has always maintained that so-called "reading notices," so common in medical journals, not only disfigure the pages of the journal itself, but do no good to the parties so advertised, since the purpose for which the notice has been published is so manifestly transparent.

Hence he has persistently refused to publish commendations of any article of the merits of which he was not personally cognizant. He has not been asked to defend Paskola from what is said to be an unjust attack upon its merits by manufacturers of rival goods.

The details of this commercial warfare we are ignorant of and care nothing about. Ever since its introduction the editor of this journal has been using Paskola in his practice, and is still doing so, because he has found it to be the best and most readily assignable flesh-producing article that has yet come to his notice. He has found it to be what he believes it is claimed to be, namely: a predigested vegetable food, most acceptable to the most delicate stomach, and when given in connection with one of the peptones, forming an ideal combination in those conditions of general exhaustion wherein the debilitated stomach seems unequal to the digestion of ordinary food.

We have only one fault to find with Paskola, and this fault we do find

with all predigested foods, and that is their presentation to the public for use without professional advice.

The doctrine of evolution reminds us that nature does not tolerate any useless parts, and that use is the absolutely necessary condition for the survival and continuance of any person or part of a person. The stomach is no exception to this rule, and it is with a feeling of general anxiety that we find predigested articles of food offered to the public. The very torpor and inactivity of this organ, which must result, will, we fear, have a tendency to gradually evolute this most important organ into a lessor and still more less condition of functional power.

We are quite confident that if anything derogatory to Paskola has been said or published, that such has been done unjustly and from unworthy motives, and we say this because of practical experience with this article.—*Annals of Hygiene.*

In the "New Idea," (published by Messrs. Frederick Stearns & Co., Detroit, Mich..) of June, 1882, mention was made of Kola, with a brief description of its practical characteristics, habitat, and therapeutic action. In subsequent issues at different dates, the drug was more thoroughly described. Messrs. Frederick Stearns & Co. soon after their first notice put on the market a fluid extract of the drug which contained all the active medicinal principles of the Kola nut itself. Kola in the form of fluid extract, though used to some extent has never been popular, owing to its acrid bitter taste, which renders it unpalatable, therefore, in order to devise a more palatable preparation, a series of experiments were undertaken to prepare a compound which should contain, unimpaired, the medicinal properties of the Kola nut, yet free from its acrid bitter taste. That they were successful in their investigations is self-evident in their new product "Stearns' Kola Cordial," which, although a very recent production, is already meeting with prompt recognition by the medical profession. Stearns' Kola Cordial is one-fourth the strength of the fluid extract and is very palatable, being of pleasant taste and still retaining the characteristic odor of the drug. The preparation has been tested clinically in various hospitals, and in the private practice of many prominent physicians with uniformly good results. It contains the invigorating properties of Caffeine, with the stimulating effects of Theobromine and Kolanine. This latter principle is said by some investigators to be superior to Coca as a stimulant, without the enslaving properties of the latter drug.

Messrs. Frederick Stearns & Co. have been for some time actively engaged in preparing a complete and exhaustive monograph on the subject of Kola, which is now in press, and will be mailed on request to all physicians who are interested. They will also be pleased to forward liberal samples of their Kola Cordial, and where physicians are willing to assume express charges, will send an original full size package, a quantity sufficient for several clinical tests.

Clinical Experiences with Solutions of Pyrozone.

H. C. Raymond, D.D.S., says: "I take pleasure in saying that I have been using the pyrozone solutions for several months, and have found the results highly satisfactory. It is indeed gratifying to know that a drug so valuable as hydrogen dioxide. has been made stable and so free from acid. This will unquestionably widen its field of usefulness in dental surgery.

As a bleaching agent I have had some excellent results with the 25 per cent. solution, and it promises to be exceedingly useful in the treatment of pyorrhœa alveolaris, though I have not been using it long enough in that direction to feel justified in making any definite statements.

The 5 per cent. solution I use largely in setting crowns and bridges, its styptic qualities rendering it extremely valuable in arresting any bleeding, and in effectually stopping up the pores through which moisture will find its way. Operators in crown and bridge work who have not used pyrozone for this purpose have no idea what an aid it is in keeping the parts perfectly dry. I prescribe 3 per cent. pyrozone for my patients, to be used as a mouth wash just before retiring, and specially urge its use to those wearing plates and crowns, or bridges, for its prophylactic qualities are, in my opinion, inestimable."

Formalin as a Preserving and Hardening Fluid for Histological Purposes.

Dr. G. Bergonzoli (Bull. Snientifico, 1894, No. 1, p. 18,) has found from his observation that solutions of formalin are deodorant and disinfectant; that pieces of tissue immersed in it are rapidly fixed and hardened, and only shrink to an almost imperceptible degree. The color is perfectly preserved, only the coloring matter of the blood being dissolved. For nervous tissue it is excellent. Formalin has the advantage over alcohol that it is not inflammable and is much cheaper.—*The Ciuciunati Lancet-Clinic, Nov. 3, 1894.*

W. H. Cnnningham, M. D., Butler. Ala., on Nov. 15th, writes: "I have been using "Papine" for about a year. It is not only retained in the most irritable conditions of the stomach but will also control nausea and vomiting with more certainty than any other remedy. Even in acute Gastritis it controls the vomiting better than morphine hypodermically A number of ladies in my practice cannot take morphia on account of nauseating after-effects. The Papine has *never* in a *single instauce* produced any unpleasantncss. As an anodyne for children (from two months up) it is simply inimitable. Permit me—without solicitation—to express to you my thanks for the production of a remedy so useful, and in many instances absolutely indispensable.

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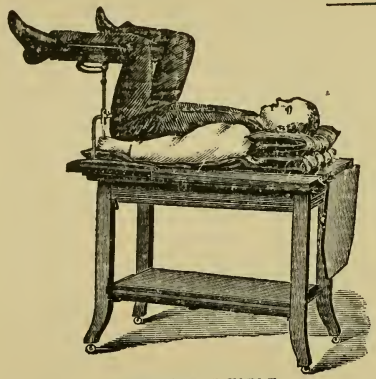

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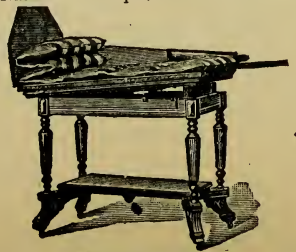

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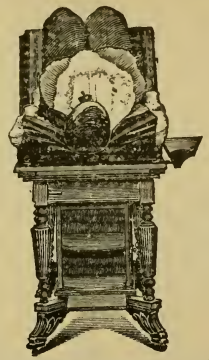

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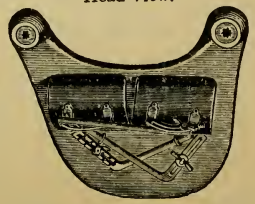

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Hydrogen Dioxide.--H_2O_2.

By L. D. KASTENBINE, A. M., M. D., Professor Chemistry, Urinology, and Medical Jurisprudence Louisville Medical College; Professor of Chemistry Louisville College of Pharmacy.

This remarkable liquid which contains the greatest percentage of oxygen of any compound known, was for some time considered as a mere solution of oxygen in water, and consequently was called oxygenated water. It was afterward obtained free from water and found to be a definite chemical compound of hydrogen and oxygen, and differing from water in containing twice as much oxygen. In this state it is a heavy, oily liquid, readily decomposing at ordinaay temperatures, but if heated, with explosive violence, being converted into ordinary water and oxygen gas. When poured into water it sinks, being nearly half again as heavy as that liquid, but is miscible in all proportions with it. It has a somewhat bitter, astringent taste, and is colorless, transparent and without odor. It contains 94 per cent. of oxygen gas by weight, and will yield 475 times its volume of that gas. It bleaches the skin, hair, ivory and destroys organic coloring matter, pus and all organisms with which it comes in contact by liberating oxygen gas in a nascent or active state. It is resolved in oxygen and water by certain metals, such as gold, platinum, silver and mercury in a state of fine subdivision, although the metals themselves undergo no change whatever. If the oxides of these same metals are brought in contact with it, not only does the hydrogen dioxide lose oxygen and become water, but the oxides lose their oxygen and are reduced to the metalic state, thereby evolving an additional amount of oxygen.

Strange as it may appear, with all its energetic oxidizing action, it has no effect on phosphorus, a substance which is so readily oxidized by the air.

The preparations found in commerce are only solutions of this compound in water, and sold in different degrees of concentration or strength, rated by the number of volumes of oxygen gas they can be made to yield. A fifteen volume solution is one that will give off fifteen volumes of gas from one volume of the solution. A ten volume solution will yield ten pints of oxygen gas from one pint of the solution, and so on.

These solutions, although more stable than mere concentrated preparations, nevertheless decompose and lose their nascent oxygen on which its powerful antiseptic powers depend, and consequently we find the commercial brands varying considerably from their reputed strengths. The solution I find containing the greatest percentage of available oxygen, is the preparation known as Marchand's, which, when perfectly fresh, is about a fifteen volume solution.

There are quite a number of different methods of preparing aqueous solutions of this interesting compound besides the original method of

Thenard, the discoverer. Usually, however, barium dioxide in the hydrated state and purified from all foreign matter, is decomposed by such acids as will make an insoluble compound with it. The United States Pharmacopœia has adopted this compound under the official title of Aqua Hydrogenii Dioxidi, gives a process of preparing it and describes it as slightly acid aqueous solution of hydrogen dioxide, containing, when freshly made, about 3 per cent. by weight of the pure anhydrous dioxide, corresponding to about 10 volumes of available oxygen. It is made by the action of phosphoric acid upon barium peroxide. It must be borne in mind that it is essential to employ a small amount of free acid to preserve these solutions, but if too large a quantity it would be a source of irritation when applied to denuded surfaces and inflamed mucous membranes, and consequently, officially, a preparation requiring more than 0.5 c. c. of volume tric caustic potash solution to neutralize .50 c. c. of it, does not come up to the U. S. P. standard.

Of the various brands of commercial dioxides I have examined, I find Marchand's to be the one which yields the largest amount of available oxygen under all conditions of exposure, and the one which contains the minimum percentage of free acid. All the marketable articles I have seen are free from barium compounds, but the majority do not come up to the fifteen volume standard, but are 6, 8, 10 and 12 volume solutions.

In addition to its medicinal uses, hydrogen dioxides can be employed to detect blood, in conjunction with freshly prepared tincture of guaiac. Although tincture of guaiac turns blue with a variety of substances, blood is not one of them. So in testing for a stain—say on clothing—moisten the spot with water, and afterwards apply a piece of white filter paper; the slightest straw-colored stain on the paper suffices. Now, add to the spot on the paper a few drops of the guaiac tincture—no coloration. Add a few drops of the solution of peroxide, when instantly the spot turns of a deep azure blue. Of course if the spot turns blue by the guaiac alone, it can not be due to blood, yet it is possible blood may be present in some other substance which has that property, and hence the employment of peroxide, in that case, would be a source of fallacy. If there is no bluing by guaiac and peroxide together, then absolutely no blood is present.

Hydrogen dioxide can be determined quantitatively by permanganate of potassium solution acidified by sulphuric acid, and the quantity of oxygen gas evolved measured iu an instrument called a nitro-meter, and calculated for normal pressure and temperature. One-half the oxygen evolved comes from the dioxide and the other half from the permanganate solution.

Another method, and the one commonly employed, is to add a volumetric solution of permanganate of potassium from a burette to a measured portion of the hydrogen dioxtde solution, diluted with water and acidulated with sulphuric acid, until the permanganate solution is rendered color-

less, and then a few drops more of that re-agent employed till a permanent faint pink coloration is given to the dioxide solution to indicate the completion of process. A slight calculation will give the strength of solution. There are other methods, but the two indicated are the best.

A solution of Peroxide of Hydrogen is usually tested by pouring a drachm of it in a clean test tube, together with an equal quantity of ether, then pouring into the tube a few drops of bichromate of potassium solution, and shaking the tube, when the ethereal layer will become a beautiful azure blue color, due to the formation of perchromic acid which dissolves in the ether.

To a few drops of nitrate of silver solution, add aqua ammonia enough to precipitate the oxide of silver, then add hydrogen peroxide when finely divided metallic silver separates. A solution of titanic acid in oil of vitroil and diluted will yield a yellow color when added to solutions of the peroxide.

The attention of State and local health authorities is invited to the report of Passed Assistant Surgeon J. J. Kinyoun, upon the antitoxine treatment of diphtheria. Dr. Kinyoun has recently returned from Paris and Berlin, after a period of observation in the laboratories and hospitals of said cities, where he familiarized himself with all the details of the preparation of the toxines, animal immunization, preparation of the antitoxic serum, and application of the remedy. For the purpose of giving to others the benefit of his experience, the laboratory is now open to a limited number of duly accredited representatives of State or local boards of health who may wish to familiarize themselves with all matters pertaining to this subject as demonstrated by Passed Assistant Surgeon Kinyoun. Communications should be addressed to the Surgeon-General of the Marine Hospital Service.—*Ex.*

Reduced from 214 to 185 Pounds.

I am using Phytoline (Walker) on a lady who, nine weeks ago, weighed 214 pounds; was weighed last week and had lost 29 pounds, weighing only 185. She is much pleased with the medicine, and will continue until her weight is less than 160 pounds.

J. H. Weckel, M. D.

Breakabeen, N. Y.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, includlng Iron, Quinine, and Strychnine, etc.. in perfect solution, and is not liable to the formation of fungous growths.

Skin Diseases.

I received in due time and in good order, a sample of your Pineoline (Walker). My special reason for wishing to test its virtues was in a case of obstinate Mucus Irritation of the Urethral Tract. I have given Pineoline a fair trial in a case by lubricating the catheter when used. The unirritating and healing effects of the medicine had the desired effect, for which I am greatly pleased. I have used it in irritating diseases and found its action decidedly satisfactory. Your Pineoline must take a front rank in the treatment of those diseases for which it is recommended.

J. P. Cowles, M. D., Hartford, Conn.

To the Walker Pharmacal Co., St. Louis, Mo.

Dr. J. J. Kinyoun, Passed Assistant Surgeon U. S. Marine Hospital Service, Washington, D. C., has spent several months in Europe investigating the production of Antitoxin and its use in the treatment of Diphtheria. He has visited a number of hospitals where the Antitoxin has been employed, as well as the Pasteur Institute in Paris, the Institute for Infectious Diseases (Koch's) in Berlin and the Schering Laboratories in Berlin. In his letter to the Supervising Surgeon General, dated Berlin, November 6, '04, he makes the following statement:

"Through the courtesy of Dr. Aitmar, the Director of the Schering Chemical Factory, I was also accorded the privilege of visiting their place to observe the methods employed by Dr. Aronson in obtaining the Antitoxine, some of which I had seen used in the hospital wards.

"At one of their factories near Berlin the firm has a well equipped bacteriological laboratory for producing the toxines and preparing the serum. Near by they have well arranged stables and paddocks for the animals. At this time they have 70 horses, 30 sheep and a number of goats in various stages of treatment.

"The work as carried out by Dr. Aronson and his assistants compares favorably with any which I have seen in Berlin. He has all the necessary appliances in his laboratory, possessing the requisite knowledge and training in this special branch. Being provided with the facilities for good work, I see no reason why he cannot produce as good serum as any others here. In some of the technique I am inclined to believe it is better than that practiced by those in the Koch's Institute. *i. e.*, in the preparation of the serum. Aronson adds a small quantity of trikresol to the serum—0.4 to 0.6 per cent. This causes a slight flocculent precipitate, which is filtered off, and then the serum is passed through an unglazed porcelain filter, when it is transferred into small sterilized bottles and sent out for use.

"Aronson has not attempted to make more than one strength of the Antitoxine. That which I saw used in the hospital had the same effect as Behring's No. 2 (1 to 1000). Aronson claims to produce a stronger serum than Behring."

THE BEST ANTISEPTIC

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,

INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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SPRINGER, N. M., December 11th, 1893.

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Yours, etc.,

L. HINES, M. D.

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CINCINNATI, OHIO, U. S. A.
REGULAR AND CONTINUED ADMINISTRATION OF THIS REMEDY IS NECESSARY TO OBTAIN PERMANENT RESULTS. AS IT REQUIRES FROM TWENTY TO THIRTY DAYS TO BRING THE SYSTEM THOROUGHLY UNDER ITS INFLUENCE
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PUT UP IN BOTTLES OF 100 PILLS $1.00 NET BY MAIL PREPAID ON RECIEPT OF PRICE
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The Preparations of Bismuth.

The following paper, entitled "The Preparations of Bismuth," was read by Reynold W. Wilcox, M. D., LL. D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital, Visiting Physician to St. Mark's Hospital, before the Clinical Society, December 15th, 1894:

Bismuth is by no means a new remedy. Although its external use for cosmetic purposes is many centuries old, it was Pott who first employed it internally in 1739. Odier in 1786 recommended this drug, curiously enough, for almost the same conditions as one would indicate to-day—*gastralgia, gastritis and diarrhœa*—although he found it also useful in menstrual difficulties. The last named conditions, if we read the contemporaneous literature aright, were treated by numerous remedies, and nearly all found their advocates. Later its use had the support of Bassiani, Carminiati, Clarke, Schofler, Kersig, Reil and Richter, but more especially to Trousseaux and Pidoux belongs the credit of its extensive use in France. In Italy it has always been a popular remedy amongst the physicians. Its literature is extensive, and among the important contributions may be cited those of Girbal and Lozowski, Thompson, Bechamp and Saint-Pierre, Velpeau, Caby, Van der Corpat, Brassac and Hannon.

Physiologically the drug produces practically no appreciable phenomena; it makes no impression upon the gastric mucous membrane, nor upon the nervous function, temperature of the skin, movements of the heart, nor upon the urinary and cutaneous secretions. If given internally, daily doses even to fifteen drachms, according to Monneret, are absolutely harmless. Even after long usage in the jejunum and ilium it preserves its white color, but in the large intestine it becomes black from the formation of bismuth sulphide. It may even discolor the mucous membrane so markedly that the discoloration cannot be removed by washing. There is no doubt but that it can be absorbed, but in very small quantity only; it is found in several organs, notably the lungs and the liver, and it is eliminated in the urine to a slight amount. The action of bismuth is undoubtedly that of a heavy bland powder, a protective to the gastro-intestinal mucous membrane. It has a slightly astringent action, although it does not coagulate mucus. In the stomach and intestines it presumably combines with the contents, gas, watery matters, mucus, and acids, and thus disinfects them. Of bismuth, when pure, there is no toxicology; if contaminated with arsenic, as most of the commercial specimens formerly were, or with silver, lead, copper, tellurium, or other foreign substances, serious symptoms may arise, but due solely to the impurities.

Of the pharmacopœial preparations of bismuth, the submitrate (dose, 5 to 60 grains) and the subcarbonate (dose, 5 to 60 grains) are the ones most in use. The former should not be prescribed in a mixture with so-

dium bicarbonate, for sufficient carbon dioxide may be generated to force the cork out of the bottle. The subcarbonate was introduced as a substitute for the subnitrate, and as less likely to constipate because of its greater solubility in the gastric fluids, but this property is certainly a decided disadvantage.

The citrate (dose, 1 to 3 grains) and the bismuth and ammonium citrate (dose, 2 to 5 grains) are eligible preparations, but certainly are not so extensively used. I very much doubt if the latter should be used internally, since experiments upon animals show that the soluble salts give rise to the common symptoms of irritant poisons. Of the unofficial compounds, the oxide, nearly insoluble in the stomach, if the celebrated Modena case be correctly reported, has been but rarely prescribed. The tannate is supposed to be the most astringent of the salts—a claim which clinical observation has failed to confirm. The valerianate is believed to combine the local effects of the base with the antispasmodic properties of the acid radical, but it has justly fallen into disuse. The lactate, phosphate (Tedenat), subiodide (Reynolds), oxychloride and nitrate are rather chemical curiosities than serviceable drugs. The subgallate enjoyed a brief reputation as a remedy for fermentative *dyspepsia* when lauded by Flint a few years ago, but for this purpose other remedies have been found more useful. Of quite as much importance as the establishment of the value of bismuth when given internally is the discovery that it will form definite chemical combinations with salicylic acid, phenol, betanaphtol and pyrogallol. Bismuth salicylate (dose, 5 to 20 grains) has deservedly become popular as an intestinal antiseptic, the decomposition taking place in the small intestine, the salicylic acid being excreted in the urine as salicyluric acid. The Phenol- and Betanaphtol-Bismuth (dose, 15 to 30 grains) are mostly decomposed in the stomach into phenol or naphtol and bismuth. Whatever may pass into the small intestine, in the upper portion, may still be decomposed, so long as its contents are acid. The phenol is absorbed from the intestine and appears in the urine as sulphocarbolic acid, making its presence known by the change in color to pale; or dark, olive green, and chemically by the diminution or absence of sulphate (barium chloride test). The naphtol, however, is only slightly eliminated by the kidneys, by far the greater portion being discharged, unchanged, in the fæces. Tribromophenol-Bismuth (daily dose, 75 to 105 grains) is a further example of this peculiar combination. The Tribromo-phenol of itself possesses great antiseptic properties and is said to be non-toxic. Its rather sweetish taste and astringency are also advantages. Pyrogallol-Bismuth resembles the salicylate in that decomposition takes place only in alkaline media. Since it has been shown that betanaphtol will destroy certain micro-organisms *in situ*, and it is a clinical fact that phenol, tribromophenol, and presumably pyrogallol, possess antiseptic properties, so far as the digestive tract is concerned, the importance of these combinations is

seen to be very great. The combinations are valuable not only because they possess the soothing effect of the bismuth, but as well because the disadvantages of the single drugs are overcome. Phenol, if given alone, quickly gives rise to symptoms of carboluria, as stated above. If administered as Phenol-Bismuth, the decomposition takes place slowly and no toxic manifestations are noted. Betanaphtol of itself is markedly irritating both to the stomach and intestines. When administered as Betanaphtol-Bismuth this property is markedly lessened. The combination of bismuth with tribromo-phenol apparently increases the antiseptic properties of the latter.

The uses of bismuth are many and varied. Among gastric affections *gastralgia* is certainly relieved. The various *dyspepsias*, especially of the irritating variety, are benefited. In *dyspepsias* due to insufficiency of the digestive ferments, deficiency of hydrochloric acid, or impaired motility, other remedies must be added. In fermentative *dyspepsias*, in the various orms of *chronic gastritis* marked by *pyrosis*, *pica*, or *boulimia*, the Phenol-Bismuth is superior to all other forms. Simple ulcer of the stomach and its accompany pain are frequently relieved by the subnitrate. *Gastric catarrhs* usually require Phenol-Bismuth, although the subnitrate is useful, especially in the forms due to excessive eating of coarse food, and which present a coated tongue and some rise of general temperature. In *gastric cancer*, while the subnitrate may mechanically protect the ulcerated surface, the Phenol-Bismuth will diminish the accompanying fermentation and decomposition.

Of intestinal diseases the *diarrhœas*, whether colliquative, typhoidal or choleraic, are benefited. If there is simple intestinal indigestion the ferments, with the addition of the alkalies, are needed. If there is fermentation the Betanaphtol or Tribromophenol-Bismuth is indicated. In a patient suffering from *membranous enteritis* (exfoliative), who had been unsuccessfully treated for several years by various methods, relief followed the use of Betanaphtol Bismuth, and after four months' treatment the condition was apparently relieved. Six months have now elapsed since any symptoms have been noticed. In the *chronic intestinal catarrhs* which are continued through the presence of micro-organisms the same drug is strongly indicated. During the last nine months, in all cases where bismuth has been indicated, I have made use of the Phenol-, Betanaphtol- and Tribromophenol-Bismuth as made by VON HEYDEN to the exclusion of the older official preparations. As the result of the observation of at least one hundred cases, I believe that better results have been obtained, and in a shorter period of time, than could have been expected with the inorganic compounds. Pyrogallol-Bismuth I have had so little personal experience with that I cannot formulate any conclusions. *Dysentery*, I believe, is better treated by the salicylate. *Proctitis* should be treated by local applications of silver nitrate through a Sims' speculum, although Jasenski re-

ports a single patient who was cured by two enemata on consecutive days of thirty grains of Phenol-Bismuth in two ounces of water. In *typhoid fever* there are probably no remedies so generally useful as intestinal antiseptics as the bismuth salicylate and Betanaphtol-Bismuth, providing they are used in the earlier stages of the disease, and in an estimation of the value of the salicylate I am quite in accord with Huchard. They certainly lessen the *diarrhœa*, render the discharges less foul-smelling and by more rapidly healing ulcerations, reduce temperature and pulse rate, prevent systemic infection, and thus not only shorten the disease, but obviate many of its complications and indirectly lessen its mortality. If the patient comes under observation at a late period of the disease, obviously, soluble and even volatile antiseptics aae indicated. In *Asiatic cholera* Hueppe has made a trial of Tribromophenol-Bismuth, thus hoping to reach the upper part of the intestinal tract—the real seat of the disease—to which the high irrigations of hot solutions of tannin (Cantani's method) do not extend. Hueppe believes that the toxic products of the comma-bacillus are in some way taken up or neutralized by this drug, and thus the *diarrhœa* improves from removal of its cause. He reports twenty cases of moderate and of great severity, of which five died, all of the mild cases completely recovering, and from these observations he is of the opinion that the use of this remedy should be encouraged. In one case in which the drug had been given and death resulted from apoplexy, on autopsy cultures were made from the contents of the ilium with negative results. Certainly we have direct evidence that it acts directly upon the cholera bacillus, Canclusions:

1. In many diseases of the digestive tract, bismuth is useful and necessary.

2. Of the preparations of bismuth, the organic compounds are preferable.

3. The treatment by intestinal antiseptics of infectious diseases in, which the early manifestations are in the alimentary canal, is a real advance in therapeutical practice.

The Southern Practitioner, published at Nashville, Tenn., and edited bv Drs. Deering J. Roberts and Duncan Eve, in the January number, 1888, says:

Febriline, or Tasteless Syrup of Amorphous Quinine, is one of the greatest boons yet conferred on the practitioner of medicine. The question naturally arises, What is it? Well, we can say from experience, having given it a thorough trial—yes, we mean by thoroughly trying it on our charity patients, using on them the sample left in our office, and its results were so good, that we have tried it time and again on our pay patients, sending them to the nearest drug store with a formula, on which we did not hesitate to write over our signature, Febriline, and in these cases it has given us and our patrons the greatest satisfaction. Try it, and you will use it again.

THE STANDARD HYPNOTIC, BROMIDIA.

Dose—One-half to one fld. drachm in water or syrup.

THE STANDARD ANODYNE, PAPINE.

Dose—One fld. drachm, represents ⅛ gr. morphia in anodyne principle, minus its constipating effect.

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Owing to the great diastasic strength of Maltine, there will be found in a dose of "Maltine with Coca Wine" (notwithstanding that it contains only 40% of Maltine), diastase enough to convert more starch than can be converted by a dose of any unattenuated extract of malt now made, whether dry or semi-liquid. It should be borne in mind that the employment of wheat and oats, in addition to malted barley in its preparation, has raised Maltine far above the level of a mere extract of malt, and has placed it, in the almost unanimous estimation of the medical profession, in the front rank of food products as well as digestive agents.

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Reliable laxative and hepatic stimulant. Special benefit in the treatment of habitual constipation of women.

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A remedy for nervous diseases, mental overwork and sexual debility. As a nerve tonic it has no equal.

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Eli Lilly & Company, Indianapolis, Ind.

Somatose in Infant Feeding.

Confirmatory testimony regarding the value of the combination of Somatose and sterilized milk in the feeding of infants is afforded by the observations of a large number of practitioners, Among these Drs. Kitschelt, Schlipkoter, Schmelzer and Hertmanni who have recently given the results of their experience with this new albumoses-food product. One of Dr. Kitschelt's cases, an infant two months old, which had become narasmic on a diet of cow's milk, and suffered from frequent vomiting of cheesy masses and constipation, was at once benefitted when feeding was commenced with a mixture of Somatose and sterilized milk, known as Somatose Mother's Milk. The child gained in flesh and strength, the vomiting ceased, and the bowels became normal. Dr. H. Schlipkoter offers the following suggestions with regard to this milk food: It is advisable during the first three days of the administration of Somatose Mother Milk to dilute the milk with an equal quantity of water, at the end of three days to add only one-half this quantity of water, and after the lapse of five days to administer the preparation undiluted. Dr. Schmeltzer has employed Somatose Mother's Milk in several cases of rachitis in children, and observed decided improvement a short time after its use. He speaks of it as being well tolerated and furnishing an abundance of nourishment. In conclusion a case is cited from the practice of Dr. Hertmanni as illustrating the marked benefit that can be derived from this food in cases of profound malnutrition in infants. The child was six months of age and had suffered from digestive disorders for several weeks in connection with rachitis and marasmus. Notwithstanding every care in the selection of food a constant diarrhœa was present, the stools being fetid and containing much undigested material. Feeding with Somatose and sterilized milk was resorted to, and during its use the child gained steadily in weight and strength, its color became healthy, the stools became regular and lost their diarrhœal character. The author considers himself warranted in attributing these favorable results to Somatose, since two years ago he had treated a child in the same family for rickets and similar intestinal trouble, and despite all manner of treatment had been unable to effect any improvement.

The Use of Formalin in Dermatology.

At a recent meeting of the Parisian Society for Dermatology and Syphilography, M. Potterin reported upon the treatment of skin parasites with formic aldehyde. He considered that Formalin belongs to the safest and most reliable antiseptics, for its vapours diffuse readily even through masses of fatty matter. This property makes it specially suitable for the treatmeut of deeply implanted sick hair, and also for the disinfection of the hair follicles filled with sebaceous matter. The application of a layer of absorbent cotton dipped in a 2 per cent. Formalin solution, and covered over with an oil-skin bandage, is well tolerated. In case of irritation of the skin, the bandage may be removed for a day.

Gaseous Dyspepsia.

If your patient suffers from eructations of gas from the stomach, flatulency, heartburn or colic, give a fluid drachm of Seng, repeated every half hour until relieved; then give one or more fluid drachms before each meal until the cause is removed.

The Use of Peptomangan for Anæmia in Pulmonary Tuberculosis.

By Karl von Ruck, B. S., M. D., Asheville, N. C., Director of the Winyah Sanitarium for Diseases of the Lungs and Throat.

The anæmia of tuberculosis differs from some other forms in being, as a rule, the result of the deleterious effects of toxines upon the blood, or upon the blood-making organs.

Simple anæmia at times precedes the development of tuberculosis, and becomes a predisposing factor to infection with the specific germs, and in the course of the disease such anæmic states may also result from gastro-intestinal complications. These do not come within the limits of this paper. While the toxic form can not always be distinguished because frequently associated with the other, toxines must be recognized, nevertheless, as a chief cause of anæmia in all contagious and infectious diseases. In its treatment the indication is, of course, the prevention of the production of toxines within the body, which can only be accomplished by the removal of the pathogenic germs, or by the production of immunity from their toxines.

The destruction of the specific germs of tuberculosis within the living organisms, or immunity from their toxic products, occur naturally in strong and healthy persons who show no predisposition to the acquirement of tuberculosis. If infection occurs in such, their tissues, and especially the blood, are capable of offering successful resistance, and the organism is preserved in its integrity.

In the established disease, the resisting power of the particular patient has evidently been insufficient, either by reason of the organism being overpowered by the excessive quantity of infecting material, or by reason of the minor resistance on the part of the tissues where the specific germs gained entrance. This view is so uniformly accepted, and in the light of pathological investigation as well as of clinical experience it is so well proved, that there is no necessity for me to dwell upon it further, neither is its elucidation contemplated in this paper.

While our direct treatment of the disease with specific germicidal remedies, inaugurated by Professor Koch four years ago, is now still further advanced toward success through the purification of the remedy by Professor Edwin Klebs, and by the experience obtained since its introduction, we must, nevertheless, not lose sight of the resisting power of the

patient and of its increase; as far as that may be possible, it must be accomplished, if we expect to deal most successfully with the disease. In the application of the specific culture produced in pulmonary tuberculosis my observations have amply confirmed this view, and the best results are being obtained in cases where the general strength of the patient is still good, and especially when the blood approaches a normal standard in corpuscles and hæmoglobin.

Most tubercular patients show a considerable loss in these respects, even in the early stages, and these losses I have often observed to progress despite a good appetite, and in patients who for the time gained in weight. That the anæmia in such cases is of toxic origin is proved by the fact that the losses become balanced under specific treatment, and my records show many instances in which the administration of tuberculin, and more particularly larger doses of antiphthisin (Klebs), showed that a slow regeneration of the blood followed their use, while the febrile movement accompanying the resorption of toxines disappeared.

It is, therefore, quite rational to seek to aid the regeneration of the blood, the more so as in all advanced cases it takes place very slowly if at all; and in addition to proper dietetic and hygienic management one looks naturally to ferruginous remedies for its accomplishment. This has been my endeavor under every method of treatment, but the available preparations have not only failed me in the majority of instances, but they have frequently interferred with the improvement in other respects by disturbing the digestion and assimilation of food. After many more or less indifferent results I came to discard iron in all pharmaceutical forms, and resorted to rectal injections of defibrinated blood, which, although very inconvenient and frequently objectionable to the patient, accomplished my object most satisfactorily, until some twelve months ago, when I rather reluctantly undertook the administration of peptomangan, chiefly because some of my patients positively refused the blood injections, and because of the laudation of the remedy in German medical literature by authorities personally known to me to be reliable.

In its clinical use I found, in the first place, that the remedy was palatable and readily taken by the patients, and from its first use to the present time I have had only two cases in which I was obliged to abandon it. These were cases with tubercular ulceration of the epiglottis, and they complained of more smarting pain and distress than from the swallowing of ordinary liquids and foods, even when the remedy was largely dilated; in all other cases it was well borne by the stomach; in quite a number the appetite improved very early; neither is there evidence of its produing constipation in any case.

It would extend this paper beyond reasonable limits to give the details of the comparative examination of the blood made from time to time in upward of seventy patients who received this remedy; suffice it to say

that the most improved instruments and apparatus were used, and that all sources of error were carefully excluded. The results in the first series of experiments (comparing twelve patients) were as follows:

COMPARATIVE TABLE FOR TWELVE PATIENTS TREATED WITH PEPTOMANGAN SIX WEEKS.

	In six weeks previous the patient had				At begining of peptomangan		After six weeks' use of peptomangan		Uunder peptomangan the patient had			
	Lost.		Gained.						Lost.		Gained.	
	Number of Corpuscles.	Hæmoglobin, per cent.	Number of Corpuscles.	Hæmoglobin, per cent.	Number of Corpuscles.	Hæmoglobin, per cent.	Number of Corpuscles.	Hæmoglobin, per cent.	Number of Corpuscles.	Hæmoglobin, per cent.	Number of Corpuscles.	Hæmoglobin, per cent.
1	.....	..	141.000	4	3,400,000	72	3,740,000	83	.....	..	340,000	11
2	.....	..	88,000	3	2,716,000	58	3,390,000	76	.....	..	674,000	18
3	.....	2	14,000	..	3,088,000	74	3,176,000	79	.....	..	78,000	5
4*	740,000	9	.....	..	2,015,000	42	1.792.000	40	223,000	2	.....	..
5	.....	..	166,000	2	3,853,000	85	4,600.000	92	.....	..	747,000	7
6†	301,800	7	.....	..	2,610,000	59	3,543,000	88	.....	..	923,000	29
7‡	.....	..	.....	..	1,807,000	33	3,600,000	69	.....	..	1,793,000	36
8	.....	..	390.000	4	4,389,000	81	4,422,000	92	.....	..	33,000	11
9‖	.....	..	94.000	10	3,700,000	66	4,800,000	97	.....	..	1,100,000	31
10ʔ	511.000	13	.....	..	2,005,000	49	3,983.000	90	.....	..	1,978,000	41
11¶	.....	..	.....	..	1,547,000	27	3,545,000	73	.....	..	1,992.000	46
12	.....	..	815,000	30	4,002,000	90	4,612,000	93	.....	..	610,000	3

*Patient suffered from advanced pulmonary tuberculosis with occasional colliquative diarrhœa, and had lost in corpuscles 740,000 and hæmoglobin nine per cent. in the four weeks preceding.

†Patient had toxic temperature in a mild degree, and had lost 301,800 corpuscles and seven per cent. of hæmogloblin in six weeks previous; did not receive any specific treatment.

‡Patient has also received tuberculocidin (Klebs), under which the temperature became normal in the third week; only recently admitted; no previous examination for comparison.

‖Early-stage case; received tuberculocidin (Klebs), 0.01 to 3 cubic centimetres, under which tubercle bacilli disappeared from the sputum and physical signs were no longer demonstrable.

ʔEarly-stage case; gastric catarrh; stomach was washed every day for the first three weeks, then occasionally.

¶Patient just admitted; a month previous suffered from pulmonary hæmorrhage, with acute tubercular pneumonia following; received tuberculocidin [Klebs], 0.005 to 2.4—in all, 21 cubic centimetres; gained eleven pounds in weight.

If we now examine this table, we find that in the six weeks previous to the use of the peptomangan we have ten patients in whom the loss or gain in their blood condition could be compared; seven of these patients gained in all 1,408,000, or an average of 200,000 each, whereas the same patients gained under peptomangan 3,609,000 corpuscles, or an average of 510,000 for each.

As to hæmoglobin, a similar increase is perceptible. In six weeks preceding, of the seven patients, six also gained in hæmoglobin in all fifty-six per cent., or an average of nine per cent.; but under peptoman-

gan these same six patients gained in all eighty-one per cent., and on an average thirteen and a half per cent.

Further, whereas of the ten patients only seven gained in corpuscles and six in hæmoglobin in the six weeks preceding, under the peptomangan nine gained in corpuscles and hæmoglabin, and no loss occurred except in one, and she lost only a third as much as in the six weeks before. Cases VI and X are particularly to be noticed. In case X, the patient, having suffered a loss of half a million corpuscles and thirteen per cent. of hæmoglobin, gained in the six weeks' treatment with peptomangan two million corpuscles and forty-one per cent. of hæmoglobin. It is, however, true that he also received local treatment for his gastric catarrh; but that treatment was applied during three of the previous six weeks without being able to check the rapid loss. In Case, VI, the patient, having previously lost 301,800 corpuscles and seven per cent. hæmoglobin, gained 933,000 corpuscles and twenty-nine per cent. hæmoglobin.

When these comparisons were completed, examinations were made at less frequent intervals, and the use of peptomangan was more generally adopted in my institution.

Another series of cases was more accurately observed within the last six months, and the results were partically the same as in the table. In all cases the improvement of the blood condition was highly satisfactory; in quite a number phenomenal. The degenation, fragmentation, and disappearance of the tubercle bacilli from the patient's sputum, while heretofore also observed under tuberculin, and more particularly under antiphthisin (Klebs), was certainly more rapid in the cases in which the blood examinations showed rapid improvement—to my way of thinking, a good proof of the germicidal action of the blood, and of the great importance of improving the condition whenever any impairment becomes manifest.

As to the superiority of this particular "iron and manganese" preparation over others, and as to the value of the manganese in the combination, I will not pretend to offer any explanations. I simply wish to record clinical facts, in the belief that all practitioners will gladly welcome any remedy which can so apparently aid in the anæmia of tuberculosis, as appears from the preceding table, and in other anæmic states, as shown from the reports of Dr. H. P. Loomis and other observers.—*N. Y. Medical Journal.*

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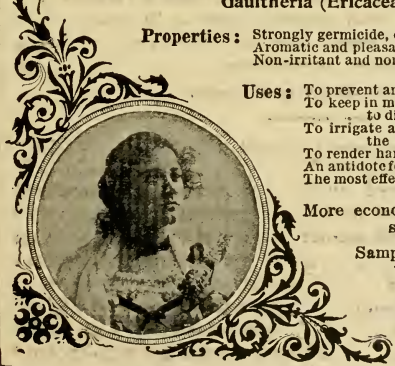

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The employment of Formalin as an antiseptic for the disinfection of rooms and buildings has again and again been advocated on account of the volatile nature of the formic aldehyde vapours. Some idea of the penetrating qualities of these vapours will be afforded by the results of experiments laid before the Paris Academy of Sciences last week by M. Trillat.

These experiments had been conducted on a most extensive scale, the apparatus being tested in rooms varying in size from 20 to 300 cubic metres, the walls having been covered with germs of very resisting nature at different heights. Various infected articles were also placed in the apartments. The results led to the conclusion being formed that the vapours took effect equally well both as regards height and depth, that is to say, that in consequence of the great diffusive powers of the gas it travels equally in all directions. The force of penetration of these vapours appears to be so great that, although they were used very diluted with air, drapery infected with germs was entirely purified—the various septic organisms with which it was inoculated being destroyed. Even wood was penetrated to a considerable depth, and the chairman, M. Friedel, drew attention to the fact that such results could not be obtained by the vapours of any other substance.

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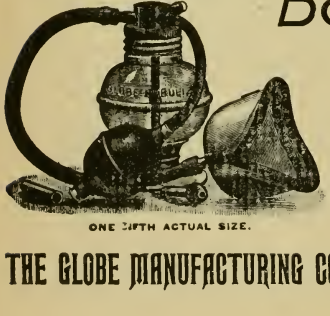

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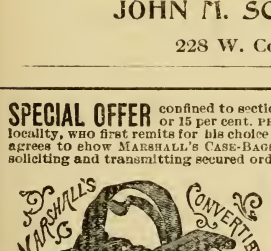
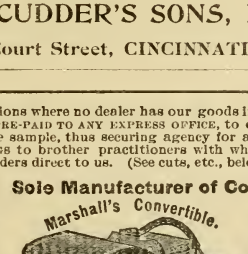


BUGGY-CASE-SADDLE-BAGS

FIG. 3.

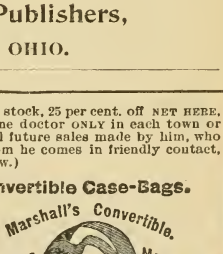
No. 36 or 57 (either) have both Square and Round Bottles.

Basset.....$16 00
Black.....15 50



OUR CUT 4.

Black, 27 Bottles.....$15 50
" 33 " 11 50



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No 32 BOTTLE.

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Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig VII.
3rd. Obtaining height of 39½ inches.—Fig VII.
4th. As strong in the highest, as when in the lowest position.—Fig. VII.
5th. Raised, lowered, tilted or rotated without disturbing patient.
6th. Heavy steel springs to balance the chair.
7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position.—Fig XIII.
8th. Quickest and easiest operated and most substantially secured in positions.
9th. The leg and foot rests folded out of the operator's way at any time.—Figs. XI, XV and XVII.
10th. Head Rest universal in adjustment, with a range of from 14 inches above seat to 12 inches above back of chair, furnishing a perfect support in Dorsal or Sim's position.—Figs XIII and XV.
11th. Affording unlimited modifications of positions.
12th. Stability and firmness while being raised and rotated.
13th. Only successful Dorsal position *without moving patient.*
14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
15th. Stands upon its own merits and not upon the reputation of others.

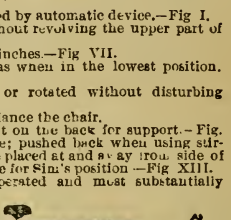

Fig. XVII—Dorsal Position.

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Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Detention, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the larger percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of women and children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE:—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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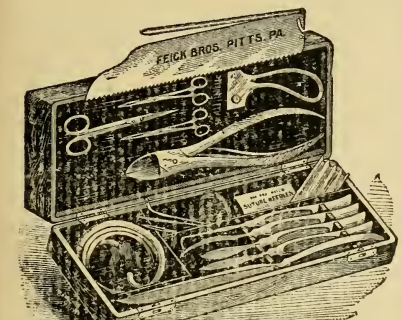

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This Elixir is prepared from the Chemically Pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial.

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Each fluid drachm contains:

Arsenici Iodidum 1-125 grain, Ferri Iodidum 1-32 grain. Hydrargyri Iodidum 1-125 grain, Manganesii Iodidum 1-10 grain, Potassii Iodidum one grain, Sodii Iodidum one grain, *with Aromatics.*

MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin diseases*, both *scaly* and *papular*; has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection*; in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

It is the *combination* which is so *remedial*, proving that the *united action of remedies* is often requisite to success when either alone is insufficient.

ELIXIR SIX BROMIDES

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Bromide Potassium 6 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grain, Bromide Lithium ½ grain, Bromide Iron ½ grain WITH AROMATICS.

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This preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function*, and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile* and *Hysterical Convulsions*, the most happy results follow its use. The *ELIXIR SIX BROMIDES* cannot be overrated in relieving *Nervous Headache, Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of *Seminal Emissions* it is of great service. We claim that the ELIXIR SIX BROMIDES, is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered, also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE ANÆMIA that so often follow the use of the Bromides given alone.

ELIXIR SIX HYPOPHOSPHITES

The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System.

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains.

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

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A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

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Rhamni Purshiani Cortex (Cascara Sagrada) grs. XXX,
Podophyllum Peltatum (May-Apple) grs. XXX.
Taraxacum Officinale (Dandelion) grs. XXX.
Juglans Cinerea (Butternut) grs. XXX.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm

There are few disorders that cause so much mischief as CONSTIPATION. The ELIXIR SIX APERIENS is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

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℞. Antipyrin.....ʒ iss
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Ext. cannabis Ind.....
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Hyoscyami hydrobromat.....gr. ½
M. et ft. caps. No. xxx. Sig.—One every two or three hours.

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LYCETOL, the tartrate of dimethylpiperazine, is a uric acid solvent possessing certain advantages: Freedom from hygroscopic qualities, pleasant taste, and great capacity for rendering the blood alkaline. Lycetol is suitable for prolonged administration, is well tolerated by the most sensitive patients, and is completely devoid of toxic effects.

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The purely curative action of creosote without these noxious and poisonous effects can be obtained only by the use of

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Absolutely devoid of Cauterant and Poisonous Action as well as from the intensely unpleasant Creosote Odor and Taste.

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The beneficial effects of CREOSOTE CARBONATE are speedily noted in the increase of the appetite and body-weight which are followed by a diminution of the cough, and, finally the healing of the pulmonary lesions. It causes no irritation of the gastro-intestinal tract; so that even sensitive patients, in whom the administration of beechwood creosote always gives rise to vomiting and diarrhœa, bear CREOSOTE CARBONATE, beaten up with the yolk of an egg, in doses of 5 to 50 drops daily without difficulty. In exceptionally sensitive stomachs, the entirely tasteless GUAIACOL CARBONATE, in the form of powder, may be administered in daily doses of 8 to 30 grains in capsules or wafers.

The larger doses employed make the apparent cost of the CREOSOTE CARBONATE treatment greater than that of the srdinary creosote therapy. In reality, however, the cost is much less. The shortness of the time during which the remedy must be taken more than compensates for its higher price. The patient who buys his creosote in creosote pills, creosote capsules and creosote wines, pays considerably more for it than he who buys it in CREOSOTE CARBONATE.

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A Perfect Liquid Cathartic.

Reliable laxative and hepatic stimulant. Special benefit in the treatment of habitual constipation of women.

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Nerve Tonic and Aphrodisiac.

A remedy for nervous diseases, mental overwork and sexual debility. As a nerve tonic it has no equal.

Prescribe as **Pil. Aphro. (Lilly.)**

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Operates in Five Minutes.

Harmless remedy for the immediate relief of constipation. When inserted the Glycone lubricates and empties the lower bowel.

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DOSE: Wine-glassful three times a day, or more or less at Physician's discretion.

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a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

A Perfect Laxative

the California Fig Syrup Company manufactured, from the juice of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

is met by Our Method

of extracting the laxative properties of Senna without retaining the griping principle found in all other preparations or combinations of this drug. This method is known only to us, and all efforts to produce cheap imitations or substitutes may result in injury to a physician's reputation, and will give dissatisfaction to the patient; hence, we trust that when physicians recommend or prescribe "Syrup of Figs" (Syr. Fici Cal.) they will not permit any substitution. The name "Syrup of Figs" was given to this laxative, not because in the process

# of Manufacturing

a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

"SYRUP OF FIGS"

as a laxative is one or two teaspoonfuls given preferably before breakfast or at bed time. From one-half to one tablespoonful acts as a purgative, and may be repeated in six hours if necessary.

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INDICATED IN ABNORMAL HEART ACTION.

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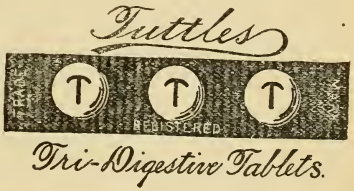

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Each fluidounce represents:

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An invaluable remedy in the treatment of

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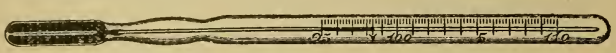

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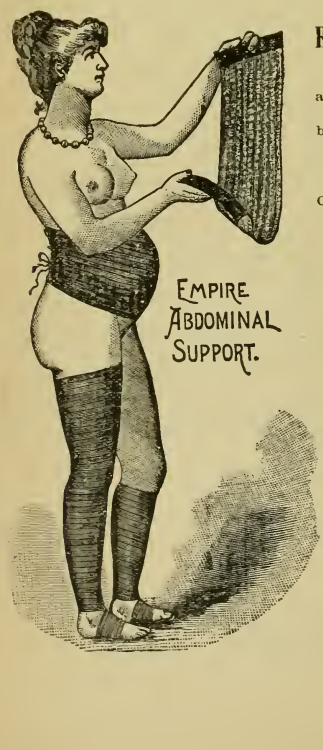

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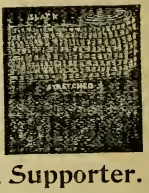

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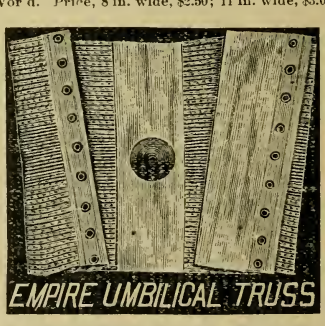

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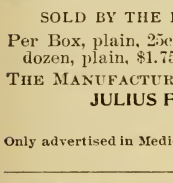

Fig. 1.

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Give exact circumference of body at K, L, M.

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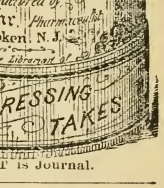

Fig. 4.

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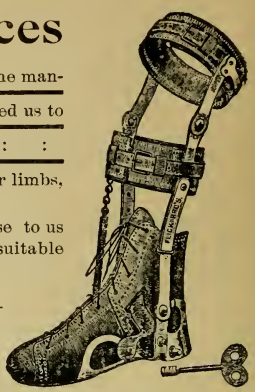

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VOL. VI. CHARLOTTE, N. C., FEBRUARY, 1895. No. 2.

The Rationale of Hydrotherapy in Fevers, and a Portable Bath.

ILLUSTRATED.

By ALBERT H. BURR, Ph.B., M. D., Attendant Physician to Provident Hospital.

Written expressly for this Journal.

Waters as a remedy has stood the test of time by centuries upon centuries. It is at once the most ancient, the most universal, the most flexible and the most potent of all therapeutic measures. On the other hand it is capable of doing the least harm even when improperly used, and seems to be least employed and least understood among important remedies, by the majority of our American profession. Notwithstanding its ancient prestige it is only beginning in these latter days to take the proper place in rational therapeutics. Too long has empiricism dwarfed its power for good, and rendered its methods contradictory and confusing. To-day, thanks to the classical demonstrations of Winternitz, Voit and Schueller in Europe, and Draper, Thayer and Peabody in America, the basis of its physiological action is more clearly defined and more susceptible of proof than that of most known drug remedies, for as Baruch has well observed: "All so-called physiological effects described by Horatio Wood and others are predicated upon poisonous doses, not upon medicinal doses."

While water has its indications in some form of application to nearly every phase of disease, it is with reference to its physiological action in fevers and method of application which we wish to consider in this paper.

A brief retrospect will be interesting to show how water as a fever remedy was esteemed by the fathers of medicine, and how, in the face of abundant testimony to its great value by the brightest lights of our profession through many ages, it finally lost its pre-eminence in the treatment of fevers and was discarded or strictly prohibited in any of its efficient applications. Even the pathetic appeals of fever parched lips were denied the cooling draught, while the tortures of thirst were intensified by drastic purge and bleeding lance. These were the dark ages of the healing art. To commit a patient to the tender (?) offices of a physician or surgeon of those times resulted too often in the aggravation of his ills and the defeat of nature's kind efforts at repair. Nor is this ancient history. The picture is vivid still in the memory of many living witnesses. Medicine, however, like religion and civil liberty, has had its reformations and revolutions, and we who enjoy the blessings conferred by anæsthesia, asepsis and a

more rational therapy, and are privileged to use them for the relief of human ills, cannot venerate too highly the pioneers who wrought the beginnings of better things.

In the golden age of Grecian literature and art, four hundred years before the Christian era. Hippocrates, the Moses of our profession, first emancipated the healing art from priestcraft and superstition, and based its practice on the principles of inductive phylosophy. He devoted a book, "*De Aqua et Locis*," to the discussion of water as a remedy. He discovered the stimulating effects of cold water in syncope; the soothing effects of warm water in insomnia; the diuretic effects of cold baths in fevers, and their greater benefits in the relief of dyspnœ, pain and cough in pneumonia. The wisdom of his teachings, empirical as they necessarily were, has been confirmed in the physiological laboratories of our day. Unfortunately for our race the teachings and practice of this wise philosopher have not prevailed in all ages, and do not even to-day, in the general use of cold baths in fevers.

The brilliant Asclepiades of Prusia, (b. 124 B. C.) famed as an orator and physician, an intimate friend of Cicero, attached the greatest importance to the external use of cold water in the treatment of disease.

In the first century of the Christian era Cornelius Celcus, the friend of Ovid, ardently advocated cold baths in fevers in his classical work *De Re Medica* and insisted on their early adoption.

Claudius Galen of Pergamus, (b. 130 A. D.,) was the most versatile and accomplished writer of his age. His fame as a physician extended to Rome, whither he went as the personal attendant of the great Emperor, Marcus Aurelius. In his seventh book he recommended the cold bath in fevers and gave explicit directions for its use.

Paulus Ageneta, of the seventh century, the greatest light of the Byzantine school of medicine, which followed closely the teachings of Galen, discovered the value of the cold douche in sunstroke or hyperpyrexia.

Rhazes, (b. 925 A. D.,) the great Arabian physician of Bagdad, was the first to accurately describe small pox and measles. He gave the following instructions for the treatment of the latter disease: "As soon as dyspnœ becomes very great a cold bath must be given and the body must be well rubbed until the eruption appears." The wisdom of this empirical advice is confirmed again by modern rational hydrotherapy. By this method he virtually carried out the system which has made Brandt, of Stettin, so famous in his treatment of typhoid fever. These two essentials, the application of cold by means of water, with friction over the whole body, arouse a chain of physiological activities which we shall presently consider, and Rhozes was right nearly a thousand years ago.

Passing the middle ages by as having little to add to medical progress

we come to Sir John Floyer of Litchfield, England, physician to Samuel Johnson, who published his classic essays: "An Inquiry into the Right Uses and Abuses of Hot, Cold and Temperate Baths" (1697), and "The Ancient (cold bathing) revived, or an Essay to prove Cold Bathing safe and useful" (1702). These works were translated into all modern languages, and had a wide influence in England and on the Continent, especially in Germany, in the treatment of acute diseases and the exanthematous fevers by hydrotherapy.

Influenced by Floyer's writings, perhaps, Dr. Hancock, Rector of St. Margarets. Lothbury, England, published a few years later his noted paper, "Febrifugum Magnum, or Common Water the Best Cure for all Fevers" (1723).

Dr. James Currie, a hundred years ago, published his famous work, "Medical Reports of the Effects of Water Cold and Warm in Fevers and other Diseases." His methods were introduced into the Vienna hospitals and became the heritage of Wilhelm Winternitz, who has been justly called the father of scientific hydrotherapy. Dr. Gionini writes of him: "Humanity owes Currie a debt of gratitude for having so bravely taken up the battle against prejudice." He proved the value of full baths in high fevers night and day, but prejudice won the victory over empiricism and his teachings were soon discarded.

During the greater part of the present century hydrotherapy lapsed from the consideration it should have had at the hands of scientific physicians and fell into the practice of irregulars and hydropathists like Pater Bernardo, the Sicilian monk, and Vincent Preisnitz, the Silesian peasant, whose sensational cures won him world-wide fame and a princely fortune. Kneip, a Catholic priest of Voresshoffen, Bavaria, is a noted and successful example of our day.

We can account for this deglect of water as a remedy on the part of progressive, scientific physicians, by the deep interest awakened in many new fields of study during our century, the discovery of the active principles in drugs, through the advances in chemistry, and the examination of the physiological actions of these principles through advanced knowledge of neurology and histology; the wonderful revelations of the microscope in bacteriology and cell life. These in turn afford the data on which modern rational hydrotherapy is based. This leads us to the consideration of some of the cardinal principles of the physiological action of water in fevers. These are dependent

I. Upon the Physiological Properties, Thermic and Mechanical of Watfr Itself Acting Directly as a Stimulant. Water absorbs heat and parts with it quickly. It may be applied in solid liquid or gaseous form to the whole body, or any part of it. Its application may be continuous or intermittant, alternating from hot to cold, or modified by

any desired temperature or pressure. In short, we have always at command a most flexible agent with which to meet a wide range of indications.

2. Upon the Susceptibility of the Sympathetic Nervous System to this stimulant and its control over the muscular and glandular supply of the body. This stimulative action takes place primarily on the cutaneous surface. The skin is a threefold organ, at once the richest in sensory nerves, the greatest in vascular expansion, and the largest in glandular supply of all the organs of the body. What a field for therapeutic operation! How easy of access and how quick to respond! Every physician has noted the effects of the rapidly alternating cold and hot bath in resuscitating the *asphyxiated* new-born babe. No harm results to the delicate infant; no one charges cruelty when these extremes of thermic effects are thus employed. In *syncope* what can bring the flush to the pallid cheeks and re-establish respiration so quickly as a stimulating dash of cold water upon the face? In *hysterical paroxysms* how quickly the explosions of an unstable nervous condition give way to perfect control through tonicity imparted by the same mechanical and thermic effects of water? We need not multiply instances to show that these stimulating properties of water, appropriately used, are responded to by prompt and definite physiological activities.

3. Upon the Reflex Action of the Stimulated Sensory Nerves—On (*a*) respiration, (*b*) circulation, (*c*) metabolism, (*d*) elimination, and (*e*) pyrexia.

(*a*). *Stimulation of Respiratory Centres* is the first and immediate reflex action from the application of cold water to the cutaneous surfaces. Deep, spasmodic inhalations take place and improved oxygenation of the blood is at once manifest.

(*b*). *Circulation* is quickened by reaction on the cutaneous vascular supply, which is heightened by friction. In this way the capillaries are successively emptied and filled. These impulses are conveyed throughout the whole vascular system, relieving stasis and organic congestion, and in conjunction with improved respiration they stimulate the cardiac centers and a slower, steadier, strengthened beat of the heart is definitely established. The effect on the circulating medium itself is still more wonderful. Winternitz, at the International Congress at Rome last spring, gave the results o some recent investigations of thermic effects on the composition of the blood in health. He demonstrated that all applications of cold to the entire or greater portion of the surface of the body, when proper reaction was secured, led to three remarkable results, viz: an increase in the number of leucocytes, an increase in the percentage of hæmoglobin and an increase in the specific gravity. Local applications of cold, followed by reaction, accomplished the same results in the local blood supply. Which affords us now a rational instead of empirical basis for the

employment of cold compresses and poultices. Thayer, of Johns Hopkins, has shown that blood drawn from the lobe of the ear of a typhoid fever patient after a Brandt bath, had three times the number of leucocytes as blood drawn from the same source just previous to the bath. It is not credible that so great an increase in the number of leucocytes can take place by reproduction in so short a time, but it is probably accounted for by the increased activity of the circulation, under the stimulus of cold and friction which sweeps them from out of the way places into the quickened circulation.

(*c*). *Metabolism*, both constructive and destructive, is greatly promoted. This is a natural sequence of the improved blood supply carried to the tissues. Schwann first employed the term to express the changes wrought by living cells upon substances coming in contact with them. This is constructive through nutrition and destructive through wear. The phagocytic action of the leucoccytes, demonstrated by Metchnikoff, may be considered destructive metabolism and takes place in the blood anc tissues wherever the toxines and microbes of fevers are found. If then it is established that cold baths, under proper reaction, incrcase these leucocytes in the circulation even to threefold then the destruction of microbic products must be wonderfully increased.

(*d*). *Elimination* of toxic products through the emunctories is increased by the improved functional activity of all of these organs, through increased arterial pressure, and improved blood supply. Juergensen demonstrated that the specific gravity of the urine was increased after the cold baths through increase of urea. Roque and Weil demonstrated that the toxicity of the urine was increased sixfold after the Brandt baths in typhoid fever, while by the expectant plan of treatment it was only twofold, and when antipyretics of the coal tar series were used it was the same or even less than that of normal urine. Liebermeister and Voit showed that cold baths in fevers greatly increased the elimination of carbon dioxide by the lungs.

(*e*). *Pyrexia* is a symptomatic expressirn of a toxic derangement of neural control and resistance. When the nerve centers begin to recover from the profound intoxication which has disturbed neurotic equilibrum, abnormal temperature begins to subside. *Heat reduction, therefore, is the resultant of the combined effects of the cold baths on respiration, circulation, metabolism and elimination.* It begins to approach the normal status in direct proportion to improvement in these physiological processes, and is secondary and incidental to them. Nor is this due in any considerable degree to heat abstraction, if it were so the temperature would begin to rise again as soon as the cold applications were discontinued. On the contrary, I have observed time and again that the temperature con tinues to fall until it reaches the lowest point in one to one and a halt

hours after removal from the Brandt bath, in typhoid fever. By repeating the baths *pro re nata*, as indicated by the toxic effects on the general condition of the patient, to which the temperature alone is not always an infallible guide, his well being is promoted through elimination of the toxines. As the surgeon gives free and open drainage to the products of infection in a septic cavity so may the physician, by cold baths with reaction, favor the physiological drainage of toxines from the body charged with septic materials. Temperature reduction in continued fevers *per se* is of little practical value. If it were so it could be accomplished just as certainly and much more easily by artificial antipyretics. Experiments just cited, however, prove them to be worse than useless, in that they invariably retard toxine elimination. It is a mistake, I believe, and a generally prevalent one also, to regard the cold water treatment of fevers, especially that of Brandt in typhoid, as an antipyretic measure chiefly, and so resort is had to less troublesome but more dangerous means of reducing temperature. There is infinitely more to the patient in hydrotherapy than mere reduction of temperature. The temporary effects of artificial heat reduction are soon over and the maximum is soon reached again, no matter what means are employed. Heat reduction in itself does not eliminate the toxines and therapeutics directed to that end are erronious as they are addressed towards relieving a symptom or effect, instead of limiting or removing the cause or causes.

Upon these deductions rest the claims of hydrotherapy as a rational and scientific treatment in fevers.

The most efficient of all hydrotherapeutic measures in the treatment of fevers is the full bath, but there are certain obstacles in the way of putting it into practical use, the chief of which are:

1. Entire absence of or imperfect facilities for giving the full bath.

2. Dangers and annoyance to the patient from handling to and from the tub, in another room, or even at the bedside.

3. The exhaustive labor imposed on attendants.

4. The objections and prejudices of patient and friends to the discomforts of the plan as ordinarily carried out.

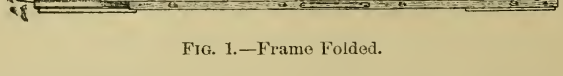

Fig. 1.—Frame Folded.

To overcome these by no means trifling objections I have devised a portable folding tub for use in the bed of the patient, which I believe will commend itself at once for the ease with which it may be employed under all circumstances with the utmost comfort to the patient and attendants. It consists first, of a large rubber sheet with rings attached by elastic tapes near its margins. Second, of a crib-like wooden frame with fastenings

along the outside of the lower rail, to hold the sheet when in use. This frame can be folded into a space two by three inches by eight feet long when not in use. The accessories are a three-quarter inch hose with a metal elbow for a syphon, a bath thermometer and a sponge of good size.

Fig. 2.—Frame Opened.

In use the sheet is first slipped under the patient and brought up over the pillow and its edges tucked up alongside the body. The frame is then unfolded and placed down over the patient, pillow, rubber sheet and all. The edges of the sheet are now drawn up over the top rail of the crib and down the outside to the lower rail where it is held fast by its rings. This completes a light and perfect tub capable of holding twenty gallons of water, if desired, and capable of being emptied quickly by the large syphon.

The bath is now initiated with the patient resting comfortably on his own mattress and pilow, with but slight disturbance. Any gradation of temperature from 90° down to 65° may be employed, or changed rapidly or slowly as desired, while friction over the entire body by constant rubbing is practiced for ten to fifteen minutes. The bath completed the water is syphoned into tubs or buckets on the floor. Any excess is sponged up, the edges of the sheet are then unfastened and dropped inside the frame, which is lifted, folded and set away. The sheet may be slipped from under the patient or remain at will, with fresh linen over it, for the next bath.

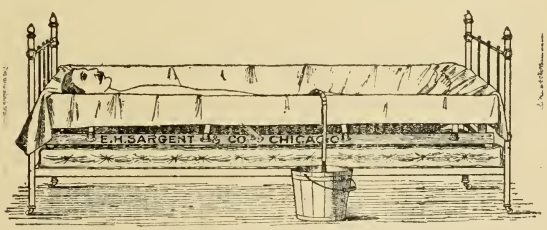

Fig. 3.—Tub in use, showing Syphon in action.

The many advantages derived from this simple and comparatively inexpensive tub are so evident as to require no enumeration. Sponging, however well done, cannot take the place of tubbing, it is a feeble substitute and falls short of the chief effects of the full bath, viz: reflex stimulation engendered by the contact of cold water over the entire cutaneous surface, with tonic reaction maintained through constant friction.

If we have rightly interpreted the rationale of cold baths and their physiologic results, then we have at hand an agent universally adaptable

to the treatment of *all thermogenic diseases*, from typhoid fever to small-pox. Indeed these claims are backed up by a stupendous volume of clinical evidence. In typhoid fever alone thousands of tabulated cases show a mortality of less than two per cent. by the Brandt bath. Is it not time the American profession should give this subject of hydrotherapy the same study and consideration accorded to many far less useful therapeutic measures? We are full of the faith that rational medicine would be advanced and humanity benefited thereby.

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Ingrown Toe Nails, Hammer Toe and Bunion.

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Written for this Journal.

SURGERY OF THE FEET.

By the above title I do not mean the severe operations upon the feet as excisions, caneiform osteotomies, enucleations of bones, tenotomies, etc., for club-foot of the congenital or paralytic variety, but of the more common conditions with which many people are afflicted and put in a life of constant torture, but who, because of the supposition that nothing can be done, have no thought of relief. To enumerate the more common deformities which it is the purpose of this paper to consider, I may mention the following, viz:

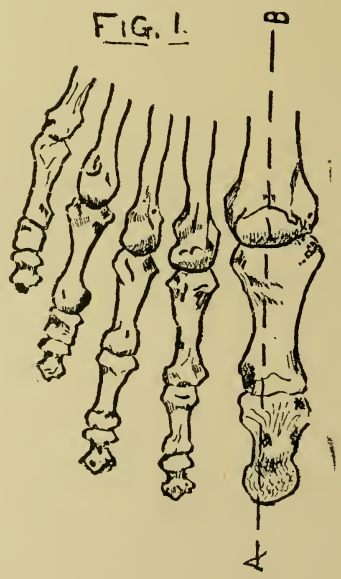
Ingrown toe-nail, a most common affliction, like many other conditions is the result in the majority of cases to the folly of fashion. Savage races and classes of humanity who habitually go bare-footed never have this trouble, and those races of people who do not wear tight shoes are exempt as well. Such a thing as ingrown finger-nail has not come under my observation. Ingrown nails must be taken as evidence that the foot has worn an illy fitting shoe. This does not mean that a shoe has been too tight, nor too loose, but that the fit has been improper. There are two essentials in the selection of shoes in order that deformity might not result, viz: 1st. A neatly fitting instep, and 2d. roomy toes.

Under the first heading it must be understood that unless a shoe does fit neatly across the vamp the toes cannot have room. From the fact that almost all shoes are made so that the heels are higher than the toes, the natural tendency of the foot is to slide forward. This condition will always occur, and the higher the heel the greater the tendency unless there be a force to resist it. As the foot slides forward, and as a matter of observation this is the cause in all cases of deformed toes, the toes are hugged together and resemble very much the fingers when squeezed tightly. Just at this time and for the past few years, the conventional pointed toed shoe is worn by almost every one who would be in style. These pointed toed shoes, as may be seen, further tend to crumple up the toes, and to allow them to override each other or double under. Toes in which the flesh overrides the nail the least, only encourage the tendency, and when the distal corner of the nail begins to imbed itself into the soft parts it acts as an irritant. This encourages the deformity in two ways: 1st. The irritant increases the hypertrophy of the soft parts; 2d. The nail grows more rapidly in a moist madia. The nail in some cases has been found to have grown almost if not through the toe. On the other hand the hypertrophic tissue has been observed as large as the end of the toe itself. If you had an inflammatory surface on any other portion of your anatomy you would not constantly irritate it to cure it. Rest would be demanded, you would very naturally conclude. The further the foot slips forward the greater the pressure upon the toes, the greater the pressure of the soft parts against the nails, the greater the liability of the development of ingrown toe-nail, and the more pressure it receives the faster both the nail and soft parts grow. If this argument be correct, in order that we may have normal toes, and thus have comfort, or exist without the knowledge that we have toes, we must have foot wear that will carry out the other proposition, viz: Have the same fit so well about the vamp that the toes cannot slide forward.

In certain skin diseases and nervous affections there is an irregular growth of nails, and conditions very much resembling ingrown nail may be present, which are not due in these cases, however, to illy fitting shoes. *Bunion*, and the resultant *hamer toe*, is closely akin to *ingrown toe-nail* etiologically. The same causes may be enumerated, viz: *Narrow toed* and *loose vamp* shoes. As a result of a study of quite a number of feet afflicted with these deformities, it has been found that bunion and hamer toe goes hand in hand. The narrow toed shoe causing the great toe to

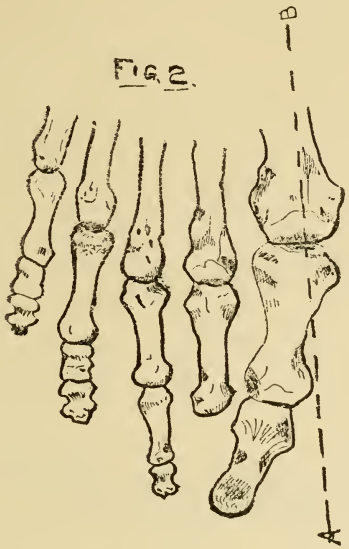
override the second. The tendon of the flexor longus digitorum attached to the last phalanx of the second toe is gradually shortened, and eventually permanent contraction if present, quite compensatory at first, eventaully becomes fixed. The space left by the turning under of the second toe, or if you place the displacement of the end of the second toe by the crowding in and overriding of the great toe must be filled permanently, which is done by the end of the great toe taking up its residence where the end of the second toe should be. A perfect foot should conform to Myers line. Myers line is a line drawn along the plantar surface of the foot through the centre of the heel and the joints of the great toe. A study of a few of these feet will show that this line falls entirely outside of the second joint of the great toe. As may be observed when the second toe is flexed into a hamer toe, and the big toe turns in to occupy the space thus made, there must be some change of the articular surface of the tarso-phangeal joint of the great toe. By studying the outline drawing, which represents a

FIG. 1.



normal foot, you will observe that Myers line, a–b bisect the long axis of the phalanges and tarsal bone of the great toe. Comparing this with fig-

ure 2 you will observe that Myers line falls outside of the great toe almost



entirely. This diagram is not theoretical, but is taken from one of my cases. Nature's tendency to fill vacuum is observed in this case, and the angle left between the bones named is filled by provisional calus, which eventually enlarges the head of the tarsal bone as to make a perceptible deformity known as a bunion. It must be remembered that this deformity does not come on in a few weeks or months, but years are required to produce it.

Treatment for (*a*) Ingrown Toe-nail; (*b*) Bunion; (*c*) Hammer Toe is

1. Preventive—low heel shoe, tight vamps and roomy toe.
2. Medicinal.
3. Mechanical.
4. Operative.

Preventives may be considered in common for the three conditions, for what produces one may enter as a factor in the production of the others. The ounce of prevention is worth pounds of cure. As heretofore indicated proper fitting shoes will act as a guard against the production of a great many of these deformities. Parents should see to it that the toes do not slip down against the toe of the shoe, and also that the toe is wide enough but not too wide. This cannot be obtained if the shoe does not fit across ths instep snugly. Pressure upon the toes by shoes will cause ingrown toe-nails. The same pressure will cause the toes to override each other,

and hammer toe and bunion is the result. A tight vamp prevents the foot from sliding forward, and a low heel affords the same protection and less tension is made upon the vamp, making the feot more comfortable generally.

For ingrown toe-nails much has been said and written regarding treatment. Lotions of all forms have been suggested. The nail has been elevated and held up with cotton. It has been torn out, scraped through the centre and angular sections removed. The hypertrophic soft parts has been strapped down and it has been sliced off.

The treatment which has served the best and produced the most permanent results in my hands may be summarized as follows: Under chloroform, cocaine or ice anæsthesia cut the nail through the centre with a pair of sharp scissors, see (*a*) figure 3. Tear the nail out with a pair of dress-

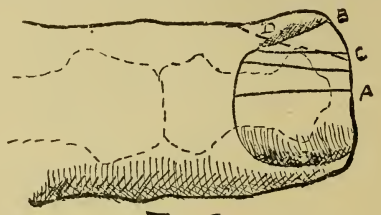


FIG. 3.

ing forceps. Remove a wedged shaped piece of flesh, fiig. 3, c being being made close to the bone, and b beginning at the end of the toe backwards to join the posterior end of c. This removes a wedged shape piece of flesh which include the diseased structures, or the portion which has been irritated by the nail. The end of the flap at b is brought down and stitched to the toe at c, leaving the outline of the toe as shown by the dotted line. This operation removes the hypertrophic soft tisure of the elongated nail and avoids the raw surface left by the simple slicing off of the inside of the toe, which would have to heal by granulation. Hammer toe requires, 1st. mechanical support, or 2d. amputation. Mechanical support consists of either holding the drooping end of the toe up by passing a piece of plaster under it and over the top of the great and third toes, see figure 4,

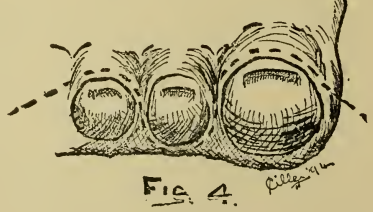


FIG. 4.

or the toe may be supported by a splint underneath and strapped down to

same. In cases where the flexon of the second toe is not very great it can be held straight by wrapping a strip of Mead's adhesive plaster around it without passing the ends over the other toes. To effectually cure a hammer toe is to first cure the overriding great toe. Of course, do not think that these two conditions are invariably associated, but they are associated in all marked cases in about 90 per cent.

Mechanical means have been devised to draw the great toe around to Myers line, the best of which is Biggs' apparatus. This will draw the toe around to be sure, but if as has been argued that there is an enlargement of the internal portion of the head of the tarsal bone, little can be expected by mechanics except the same be continued for some time, the pressure thus caused will promote absorption of the bone, and unless this absorption does occur no permanent good can be expected. The very moment the great toe is returned to Myers line, the hammer toe will return to its normal position, unless the condition has existed so long as to produce permanent shortening of the flexor-longus-digitorum, in which case tenatomy should be performed and *brisment force* be used to break up ankylons of the second joint.

There appears to be bnt one operative proceedure for *hallux valgum*, or bunion, that offers much in the way of permanent relief. Under an anæsthetic an opening is made down to the bone over the most permanent point of the bunion, avoiding the joint cavity. After peeling back the periosteum, the bone is chiseled away until all abnormal tunefaction is removed. In case where it is found that the angle of the articular surface has been changed a cuneform osteotomy should be performed, removing a wedged shape piece of bone from the tartus, the appex of which must reach through the bone far enough to admit of fracture and straightening.

Typhoid Fever.

By Dr. Edward Anderson, of Rockville, Maryland.

Written Expressly for this Journal.

Typhoid fever is of more interest to the general practitioner than any other disease, for it causes about one-half of the serious illnesses in persons between the ages of fifteen and forty.

In this latitude it is a more common disease than most persons are aware of. Professor Welch, whilst attending a meeting of the Medical and Chirurgical Faculty of Maryland, held here in November, 1891, spoke of the number of unsuspected cases of typhoid fever, and mentioned the case of a person who was going to a specialist to have his throat treated, when he fell dead on the street, and the autopsy showed the presence of typhoid fever. Professor Osler, in a recent clinic, speaks to the same effect, and mentions the case of a girl who entered the Johns Hopkin's Hospital with what was supposed to be meningitis, until near the close of

life, when the fact that typhoid fever was the real malady was revealed by the swelling of oue of the parotid glands.

There is no satisfactory evidence that typhoid fever, like most other diseases, does not enter the system through the air passages, for the bowel lesion is a late development, and sometimes does not occur at all. Bronchitis is always present, and inflammation of the lungs is sometimes the most prominent symptom.

In the latter part of the summer of 1885, I was called to see three brothers, one thirteen, one fifteen, the other seventeen. The two younger boys had unmistakable cases of typhoid fever and recovered perfectly after an illness of about six weeks, but the oldest boy's case I diagnosed as one of acute tuberculosis, and after two months, he not getting any better, I sent for a specialist in lung diseases, who said the boy had cavities in the lungs and would not live three weeks. I continued to attend him, and a month later, when he began to improve and gained a pound a day, I found that he too had had typhoid fever.

About fifteen years ago the authorities of Rockville constructed a turnpike of broken flint stones through the town and placed about three inches of clay upon it, to make it smoothe, but by so doing they caused an epidemic of typhoid fever in the town, which continued for several years. As soon as I discovered that the clay, underlaid by stone and fitted for rapid drying, caused the fever, I advised its removal, and also the abandonment of all the vegetable gardens in the town, so that there might be as little exposed earth as possible. The streets are now scraped several times each year, and very little earth is turned up for the growth of vegetables. Rockville has a population of over sixteen hundred inhabitants, and is supplied with water entirely from wells, more than half of which have been dry for months, and the water from them was used as long as a bucketful could be obtained. The water is lower this year than it has been for forty years, yet not a single case of typhoid fever has originated within the town in September, October or November.

When in Baltimore, in 1892, I predicted that there would be an epidemic of typhoid there, for the streets were torn up by the different street railway lines, throughout the length and breadth of the city, which prediction, the physicians of that city say, has been verified.

In a former article I advised the removal of patients from the place where the disease was contracted in order to prevent the further inhibition of the typhoid poison. I saw a striking example of the wisdom of that advice last summer. In September, 1891, every very susceptible person, that is every person about twenty years of age, in a certain hotel, was taken down with typhoid fever, five in number. I had one young man and a young lady moved to a locality free from typhoid fever. They both had very light attacks, too light to render them immune, but the three that were obliged to remain at the hotel had very severe cases, and their lives

were saved with the greatest difficulty. The young man who was moved, came back to the house as soon as he recovered, and this year had another attack which came very near ending his life. This was the only instance of a second attack of genuine typhoid fever I have ever witnessed. During his second attack I was unable to have him moved.

Typhoid fever is sometimes mistaken for malarial fever, to the great detriment of the patient, in confirmation of which I will quote from Dr. Osler's remarks made at a meeting of the Medical and Chirurgical Faculty of Maryland, held at Cumberland in the latter part of November last:

"Dr. William Osler was glad to hear Dr. Carpenter's remarks about typho-malarial fever. Many physicians treat ordinary cases of typhoid fever as malarial, from beginning to end. There is no such disease as typho-malarial fever. The two diseases may exist concurrently. Quinine will cure malarial fever, but it will not influence typhoid fever at all. Cases of so-called typho malarial are typhoid and should be treated as such. Too many lives have been lost by neglect of this caution. In nearly four hundred cases of typhoid fever which have been treated at the Johns Hopkins Hospital, in no case had malaria co-existed."

My opinion as to the treatment of typhoid fever is, I think, entitled to some consideration, as I have been six years at one time without losing a single white patient, with an average of twenty cases a year of the fever. In private practice, negroes are not to be taken into account in estimating the mortality in this disease, as they receive little or no attention when sick. In dealing with the disease in question three modes of treatment are to be considered: First, that by diet; second, by water, and third, by drugs.

Diet is of more importance than anything else, as nine-tenths of the sudden deaths that occur in persons who enjoy comparatively good health are due to substances in the stomach upon which that organ is unable to act, and what would be the result, if patients were allowed to eat indiscriminately in a malady so protracted as typhoid fever. To keep the bowels lax without diarrhœa and to prevent the accumulation of gas, are our chief aim and object in the treatment of this disease. Eggs should never be used as a diet in typhoid fever, even after convalescence, has been established. Milk is the only reliable food; not more than a four ounces should be given every four hours, and the quality of that should be carefully looked into, for cows often feed on substances that render their milk purgative, and under such circumstances malted milk should be substituted. When constipation exists beef tea may be employed as a stimulant and laxative, *but never* to the exclusion of milk. Malassimilation of food is the greatest obstacle in the treatment of typhoid fever. In some cases every thing that is put into the stomach decomposes, and after a time is ejected. Under such circumstances it is best to resort at once to rectal feeding.

I was once called in consultation in the case of a lady forty years old who vomited every thing that she swallowed, even a teaspoonful of the best Champagne was not retained a moment. I proposed that a half pint of milk should be thrown into the rectum every four hours, with just enough audanum to insure its retention, which was done and kept up for three weeks, at the end of which time she could take food by the mouth until her recovery.

Water should be used freely in three ways: The patient should be encouraged to drink all the cold water he will; he should be sponged twice a day with tepid water, and if the temperature is very high the water should be cold. When the temperature was 106° F., I have used the ice pack with advantage. Water by enema accamplishes more good than when used in any other way. A large amount of water should be thrown in the bowel once a day and as often thereafter as there is distension from gas in the bowels, by relieving which the temperature is often lowered from one to three degrees.

I do not agree with Dr. Osler in disregarding the use of drugs in the treatment of typhoid fever. He says that "hydrotherapy is almost entirely relied upon in the treatment of this disease at the Johns Hopkins Hospital, even the initial dose of calomel is no longer given, as we cannot hope to sweep the bacilli from the bowel by its use, as they are buried in or beneath the mucous membrane, and are not brought to its surface except by ulceration."

I give calomel whenever I can use it without the risk of producing ptyalism or undue purgation, as it always improves digestion and adds to the patient's comfort. I employ it as a derivative, eliminative, and antiseptic; it relieves congestion and acts upon the kidneys. I have seen ten grains given during the first week when constipation was present reduce the temperature three degrees, and it may weaken the microbes circulating in the blood, and possibly aid in neutralizing the poison engendered by them. I would like to use it throughout the whole course of the disease, but it cannot be employed even in the smallest doses after diarrhœa has set in without injury to the patient.

When the stomach will bear it, I always give salicylate of sodium in large doses at first, and lesson the quantity as the strength diminishes, and always, I think, with advantage. Quinine will generally reduce the temperature one degree for every ten grain dose that is given, though sometimes it will not influence the temperature at all; it interferes with digestion, does not shorten the duration of the disease, and should never be given.

Antipyretics should be used with great caution, as one grain of Antifebrin given the third week will sometimes produce as great an effect as ten grains during the first week. When enemas will not relieve diarrhœa the camphorated tincture of opium should be employed, but opium should

never be resorted to to relieve restlessness or to produce sleep. If the external application of water, anc the administration of alcoholic stimulants fail to accomplish these ends, chloral should be the drug selected.

In treating patients addicted to the use of alcohol, it is necessary to stimulate from the beginning, but under other circumstances, unless the temperature is above 104° F., it is not often required. The higher the temperature the more alcohol is needed. When the temperature was 106° F., I have been obliged to give as much as a half pint of the best whiskey an hour, to tide over that period. When prescribing whiskey we should see to it that the *best* is provided, for some whiskey has no stimulating properties whatever.

Chills often occur in the course of this disease, sometimes as a result of the administration of antipyretics, but often due to the presence of bile in the stomach, which must be gotten rid of at once by emesis, for it produces a deathly nausea and dangerous prostration. I use carbonate of soda, in large doses, for this purpose, repeated every few minutes until vomiting is induced. Where gas accumulates in the stomach the best thing to expel it is a mixture of soda, carbolic acid, camphor, sulphur, glycerine and water, which may be given with advantage each time milk is given. No solid food should be allowed until fever has been absent for at least a week, except raw oysters. The temperature should be taken twice daily, for I had recently under my care a patient whose temperature was normal in the evening, and 102.5 F. in the morning.

When hemorrhage of the bowels occurs in the course of typhoid fever, accompanied by diarrhœa, both can and should be controlled by administering two grains of acetate of lead with a fourth of a grain of opium every few hours, but if constipation exists we must depend upon ergot and the mineral acids.

SENILE CATARACT.

Report of Cases Aged Sixty Years and Upwards.

By W. H. Wakefield, M. D., Charlotte, N. C.

Reported Expressly for this Journal.]

The lens is a lenticular shaped body, placed between the iris and the vitreous, enclosed in its capsule and held in position by the suspensory ligament. It is colorless and perfectly transparent in the very young, but quite early in life a process of hardening commences in its centre proceeding very slowly, so that the age of 25 or 30 is reached before the nucleus is sufficiently dense to render it apparent on crushing the lens between the fingers.

This sclerosing process begins at the centre of the lens in early childhood and steadily progresses until the entire lens (in most cases) is influ-

enced. That condition of the eye rendering the use of glasses necessary when reading, which usually manifests itself about the age of 40 to 45, known as Presbyopia, is due to this process of sclerosis in the lens. The nucleus, as the hardened portion is called to distinguish it from the yet softer outer layer called the cortex, assumes a slightly yellowish or brownish hue; hence, in looking into the pupils of elderly persons, more light is reflected from the dense, tinted lens than from the soft, clear and colorless lens in young eyes, and the presence of incipient cataract is often suspected by the inexperienced, owing to the grayish reflex observed.

A cataract is a distinctly opaque lens in which the opacity may be partial or complete. Clinically we see many forms of cataract, but the form to be discussed in this paper is the most frequent of all, viz:

SENILE CATARACT.

This is, as its name would indicate, an affection of the aged; yet it is seen in middle life. This form of catarnct may be styled progressive, as in the beginning of its existence only partial opacities are seen; these, however, extend until the whole lens is opaque, unless, perhaps, the sclerosed centre. In regard to the time necessary for this proceedure, the trite saying, "each case is a law unto itself," is applicable, as the time varies greatly, ranging from a few months to many years. The process is not to be regarded as an inflammatory one, but as a form of degeneration probably from failure of the lens to obtain sufficient nourishment. The patient complains of failing vision only, sight gradually becoming lost to such an extent that objects in the room cannot be distinguished. The sense of sight is not wholly lost to an eye thus affected, for the sufferer from simple cataract can readily point to the open window or at a lighted lamp.

If all power of vision is gone, if no light perception is left, we have to deal with cataract complicated with degeneration of the deeper structures of the eye, viz: The Choroid, Retina or Optic Nerve, and the case is hopeless.

The treatment of cataract is surgical, and consists in the removal of the opaque lens. Various drugs have been used in the vain hope of causing the absorption of the substance causing the lens opacity, of improving the nutrition of the lens, and in this manner causing the opacity to disappear, but so far their use has not been crowned with success. Human nature dreads the knife, and in consequence of this dread many old persons, blind from cataract, live out their days in unhappy darkness, declining the only means by which they can obtain sight, through ear of the pain and dangers attending the surgical removal of the cause of their blindness.

Surgery has taken immense strides forward during the last 25 years. Operations are now being performed daily with gratifying success that only a few years ago were not thought of; useful lives are being saved to

society that would certainly have been lost but for the wonderful advances in surgical methods and treatment. The same can be said of cataract operations. Science and skill have robbed the use of the knife of most of its dangers and pain in cataract extractions. The operations for relief of cataract prior to the beginning of the latter half of the present century were attended by disastrous results in a large percentage of the cases operated upon. Iritis, cyclitis and suppurative inflammation of the whole eye ball were frequently observed during the healing of the wound made in removing the opaque lens, resulting in imperfect vision or obliteration of sight altogether.

The present generation of cataract patients have cause for congratulation that in their day the operation for cataract, when done by a careful surgeon, is remarkably successful, the average of successful cases ranging from 90 to 96 per cent. These results, which are in themselvss, astonishing, are due to improved methods of operation, (introduced by Von Graefe and others,) to the practice of aseptic surgery, and the use of cocaine anæsthesia.

No longer is this operation one to be dreaded. The majority of patients suffer absolutely no pain during the operation, and many of them none during the healing process, and as already stated, sight, that priceless boon to man, is restored to more than 90 out of every 100 eyes on which the operation is done. Extreme old age, or marked debility, is not in itself a positive contraindication to operation. Numerous cases are on record in which the operation for cataract has been done on aged persons, too feeble to sit up for more than a few minutes at a time, and with gratifying results, strength and buoyancy of spirits returning with the restoration of sight. (Case No. 4, reported in this paper, was of this class.)

Regarding operative proceedure, some surgeons make an iridectomy a part of every cataract operation, while others prefer to omit the iridectomy. I hold that those who never do an iridectomy, and those who make this a step in every cataract extraction, are both in error. When the patient is composed, the iris mobile and the lens small, the operation may well be done without an iridectomy, but if the patient is nervous and fidgety, or the iris fails to dilate properly, or if the lens be large, an iridectomy should be made a part of the operation. My plan of proceedure is about as follows:

After deciding that the case is a suitable one for operation the conjunctiva, canaliculi, lachrymal sack and nasal duct are seen to be in a healthy condition. If they are not, the operation is delayed, and the diseased parts are subjected to appropriate treatment. The bowel is unloaded by laxatives if it is constipated.

After the removal of the cataract the eye-lids are closed and a small piece of perfectly clean old linen, which has been smeared with an ointment made by incorporating 5 grs. of calomel with one drachm of vaseline, is

gently laid over the closed lids. On this is laid a thin folding of absorbent cotton, and these are held in position by an ordinary four-tailed bandage. This whole dressing is changed twice daily. The ointment is used for three or four days. At one time I did not apply ointment to the cloth next to the lids, using boric acid, or weak sublimate solution to moisten it, but I find the ointment adds to the comfort of the patient, and it certainly prevents the sticking of the cloth to the lids. It should not be used for a longer time than five or six days, as it might cause conjunctivitis.

If the patient is restless I give an opiate or 5 grs. of acetanilid. If pain is at all annoying the bandage is taken off, and with the lids of both eyes closed, a clean cloth, which has been wrung out of very hot water, is laid over the eye, and it is redipped and applied every minute. This hot application is continued for fifteen minutes, and is repeated when needed, for the relief of pain.

Twice daily a few drops of the following are dropped between the lids:

Acid Boric.....	grs. XII
Sodi Chloridi.....	grs. III
Aqua Camph..	ʒi
Aqua Dest.....q. s.....	ʒi

At the beginning of the third day two drops of a four gr. sol. of Atropin Sulph. are dropped in the eye twice daily to reduce the liability of the iris to become inflamed. This is discontinued about the tenth day, unless some symptoms of iritis are present. If the eye has done well up to this time, light is gradually allowed to fall on it, and in six or eight weeks glasses are fitted for near and distant work.

I bandage only the eye operated upon and allow my patients to walk about the room or even in the yard in fine weather, and have seen no evil results follow the gentle exercise thus taken.

As many aged persons with cataract fear that they are too old to be relieved, I append a short history of the cases on whom I have operated that are over 60 years, purposely omitting all others.

Case 1.—S. G., colored, has been blind in right eye for 5 years, and in the left for a few months. The vitreous was fluid and considerable of it was lost. Recovery was prompt and vision with glass was $\frac{16}{35}$ in two months.

Case 2.—Miss S., age 65, has been unable to read or sew with left eye for two years, and the right now failing she calls for relief. I find ripe cataract in left and incipient in right. The cataract was removed from left eye and she did nicely until the eighth day, when in the absence of her nurse, she removed the bandage and stood in the full glare of the sun and gazed out on a sandy road. This imprudence was followed in an hour by severe pains, an iritis having been lighted up. Her vision with glass in twelve weeks was $\frac{15}{40}$.

Case 3.—Mrs. D., age 65, has been blind from cataract in left eye eight years. Removed the lens and with bandage over both eyes patient was kept in bed, she being weak. After first day the patient became very restless and the bandage was left from the eye not operated on and patient was allowed to get up. She became comfortable at once. Result—with glass vision is $\frac{20}{40}$.

Case 4.—Rose M., colored, age 82, has been blind in right eye from cataract one year and the left has failed rapidly of late; is despondent and too feeble to sit up. Operated on right eye while in bed. In a few days she left her bed and in less than a month was doing her household work. Vision with glass $\frac{10}{60}$.

Case 5.—Mrs. S., age 60, has been blind in both eyes one year. Operated on left. In two months vision with glass was $\frac{20}{40}$.

Case 6.—R., age 72, has been blind in right eye over a year. There being some lachrymal obstruction a few weeks were devoted to putting this in proper shape. On getting ready for operation it was found that the pupil would not dilate to more than half the usual size. A large irridectomy was done and the lens taken out. Dismissed the patient on the 10th day. Vision in two months $\frac{14}{20}$ with glasses.

Case 7.—Mrs. B., age 60, has been blind from cataract nearly one year. Both eyes affected. Removed right lens. She went home 45 miles in a buggy on the 11th day. Vision in three months $\frac{18}{20}$ with glasses.

Case 8.—Mrs. J., age nearly 80. Cataract in both eyes. This patient was very nervous and frightened. She was extremely poor, living in dirt and rags. The operation was done at her home, in which the chickens roamed at will, roosting under her bed. The opening between the lids was small and the lens the largest I have ever seen. A severe iritis followed the operation, resulting in pupilary adhesions which interfere with sight. If she could have had proper nursing her eye would probably not have been lost.

Case 9.—Mrs. H., age 65, has been blind from cataract in right eye for one year. The left is beginning to fail. Recovery from operation prompt. She did not have a twinge of pain. In two months vision with glass is $\frac{16}{200}$. In this case a capsular cataract was formed after the removal of the lens; this not being unfrequent and is easily removed by needling. (Dr. Knapp operates in such a manner as to render the "needle operation" necessary after a large per cent of his cataract operations.)

Case 10.—Mr. A., age 65, has been blind from cataract in right eye one year, and in left a few months. This patient did not suffer a twinge of pain during the operation or during the healing of the wound. He was dismissed on the 10th day and went back to his farm. In twelve weeks glasses were fitted and his vision is $\frac{16}{30}$.

Case 11.—P. E., col., age 64, has been blind in both eyes for a few

months. Operated on right. On the fourth day he injured this eye setting up a painless attact of iritis. Convalescence slow. Vision with glass $\frac{18}{150}$. Now operated on left eye. Vision with glass $\frac{18}{60}$. He is now making his living cutting wood.

Case 12.—Mrs. H., age 62, has been blind in both eyes for a few months. Operated on left. This patient suffered no pain, not a twinge. The operation was done four months ago, but I have not seen her since the day of operation. She is performing her household duties without a glass, and is highly pleased with her vision. I have no doubt it could be very materially improved by glasses.

In all these cases satisfactory vision was obtained except in one case (No. 8), and here the circumstances surrounding the patient were unfavorable to the success of the operation, which was undertaken merely to give the poor creature the benefit of her only chance to obtain sight. In only one other case was pain present to an unpleasant degree. That was case 2, and the pain was brought on by willful disobedience of positive instructions. In this case the patient performs her household duties, reads, sews, etc., living by herself.

This article has not been written with the view of adding any new ideas to the knowledge of the profession, but to encourage the general practitioner, who sees but little of this work, in urging his patients with cataracts to have the cataracts removed. The showing made is a good average as to results, and should encourage the "cataract case' to try for relief

Puerperal Eclampsia.

By J. A. Reagan, M. D., Weaverville, N. C.

Written Expressly for this Journal.

This disease has been studied by the medical profession, perhaps, as carefully as most other diseases of women, that do not occur more frequently. The best estimate puts this disease at one in five hundred cases of labor. But yet its cause and treatment have not been as well understood, and as satisfactory settled, as most diseases of the females. I must confess, that after examining the opinion of some hundred writers on this subject, that I have frequently felt that a multiplicity of words have darkened counsel. Our best authors confess that the cause is not well understood, but attribute it to the kidneys, with a reflex motery action on the nervous system, hence the impression on the brain.

Dr. Lococh says: "The immediate cause of puerperal convulsions is after all very obscure."

Dr. Marshall Hall says: "That no injury to cerebrum or cerebellum can cause convulsions so long as the true spinal system is not involved."

Dr. Tyler Smith is of the same opinion.

Others say pressure exerted on the medulla oblongata by congestion, coagula, nervous effusion within the cranium, loss of blood, morbid elements in the blood, influence of emotion, irritation of the incident spinal nerves of the uterus and uterine passages, irritation of the excitor nerves within the cranium, irritation of the incident spinal nerves of the rectum, irritation of the ovarian nerves, irritation of the gastric and intestinal branches of the pneumogastric nerves.

I have given these as a few of the opinions of some of our most learned and influential physicians to show that the cause is far from being satisfactorily settled.

In this distressing disease it is known that there is always albumen found in the urine, which varies greatly in quantity in different cases; hence some conclude that albuminuria causes it, but do not say what causes the albuminuria. One is about as obsene as the other, and consequently my conclusion is that it is caused by some effect on the kidneys, not well understood, which acts on the nervous system in such a way as to produce eclampsia. Even post mortem examinations have not thrown much, if any, light on the cause, or causes, of the disease, consequently the treatment must necessarily vary as the opinions of the cause differs among our best physicians.

Opium and its alkaloids are, perhaps, more generally used than any other remedies, yet I have never used a dose of opium, or its alkaloids, in any case. I have treated seven cases. Six primiparæ, and one woman in her twelfth confinement. All lived and did well, and afterward bore children without any symptom of eclampsia. But looking at the therapeutic effect of opium, even if we do not understand the cause thoroughly, is opium indicated? Look at the symptoms, congested capilaries, face dark, and from all appearance the blood wants oxygen, while close investigation by Boech and Bauer have shown that the elimination of carbonic acid gas is decreased when narcotic quietude is produced. It has also been established "that the circulatory phenomena are a slight acceleration of pulse rate," which carries the badly oxidized blood rapidly through the system, and can not have any beneficial effect in my judgment, but the opposite, as it seems to me.

As I said, I have had seven very bad cases—four in my own practice, and three where I was sent for by other physicians—and none died. My treatment is, if the patient is full of blood, to bleed freely. I use chloroform by inhaling, cold applications to the head, and warm ones to the feet, give fl. ext. varatrum viride in regular doses, empty the bowels by enema, and draw the urine with a catheter; deliver as soon as I can safely do so—with forceps if the womb is well opened—provided she has not already been delivered.

In these, as in all cases of obstetrics, I am careful to have my hands and instruments, if I have to use any, well washed in clean warm water,

using good soap. Cleanliness is my great antiseptic; with me cleanliness is next to Godliness. In this way I have never seen a fatal case.

There is much said about the shape of the woman predisposing to eclampsia. I have not found it so in my practice. I have had more long necked, slim women to have eclampsia than the short necked. Others talk of a dropsical tendancy as a cause. Neither have I found this the case in my practice. I have delivered a great many women with feet and legs badly enlarged, without any symptoms of eclampsia, while others, who were entirely free from all signs of dropsy, have been bad cases of eclampsia. So, upon the whole, if we find a woman with short full neck, or one with swolen feet and legs, be like the Dutchman who was called to preach a drunkard's funeral and took for his text, "Judge not according to the appearances, but judge righteous judgment." Do not get scared from appearances, but do your duty as a physician, and all will usually work well.

Nocturnal Incontinence.

By Wm. B. Atkinson, A. M., M. D., Physician to the Department of Children, Howard Hospital, Philadelphia.

Written Expressly for this Journal.

Perhaps no trouble incident to child life is so annoying as that which we now consider. Regarded in nearly every instance as the result of filthy habits or carelessness, the little unfortunate is usually treated as a criminal. If not beaten with many strokes, he is in every way put to shame, not only among those of the home circle, but often to outsiders, and one instance is on record where the agony produced by such treatment resulted in suicide in quite a young child.

To witness, as I have done on more than one occasion, the display of feeling on the part of the child, incident to the detail by the mother of this short coming is enough to enlist for the afflicted child all our sympathy and an earnest desire to relieve, if possible, such an unfortunate condition, When parents are so ready to punish such an offence, we can not look for better treatment at the hands of hirelings, such as those generally employed to attend to the wants of waifs, etc., in asylums, schools, or hospitals. Perhaps the most cruel treatment that has ever been brought to my notice was that employed in one of the most prominent institutions of the land. Here, the unfortunate boy, who wet the bed, was blistered over the end of the penis, thus adding a constantly recurring and painful reminder of his affliction.

Unfortunately the belief has gone abroad that little if any good is to be expected from treatment, he will grow out of the habit, or as he gets stronger he will obtain power over these parts, etc. While to a degree this has proven correct in many instances, yet it is to be regretted, as the cause of delay in instituting the proper method to secure a good result.

The earlier that treatment is begun, other things being equal, the better the result both as to quickness of cure and its permanency. All are aware of the power of habit, and the difficulty of destroying their influence. In no instance is this so true as in cases where the habit of wetting the bed has continued for years. Yet it is surprising that some of the cases which in my experience were most quickly and permanently relieved were those of persons who had attained to or near puberty. One case in particular recurs to me, that of a woman aged 25 years, who was brought to me only because she was about to be married. Her mother had felt that it was useless to do anything for her, and now determined to make an effort, only under the fear lest the newly made husband would in disgust of this habit in his bride abandon her. This proved one of the most speedily cured cases that I ever saw.

In a majority of cases, the habit is associated with the disease known as "night terror," and both these troubles are very frequently encountered in colored children. Where the two exist, usually the child wakes from a bad dream and simultaneously the spincter vesicæ gives way, and the bed is deluged. Though I would not be understood as meaning that "night terror" always is accompanied by enuresis, for one quite remarkable case in no instance wet the bed, though his screams almost nightly roused the house. The physician by a kindly deportment, so imperatively necessary in a "Children's Doctor," often obtains a wonderful knowledge of the child's afflictions. In the case just quoted, I learned from the boy, then only eight years of age that he dreaded the approach of night, its darkness, its hours of lonely wakefulness, a fear of some being he knew not what. Just here it should be remembered that the neglect or harsh treatment of such a case might eventuate in some form of mental alienation, and I am satisfied that such a result has followed this early indication.

It is the duty of the physician in every case of incontinence to assure the parents as to the great probability of a cure, provided the remedies are faithfully administered and not too soon omitted with the idea that a cure has been accomplished. While many remain permanently free after it has once stopped, yet it is safer in all cases to persist with the treatment lest a relaspe occur. More important is it for every physician to impress upon the minds of all who have the care of children that these cases must never be treated as merely the result of bad habit, etc. As I said in my opening remarks, this is a disease, an affliction, to be cared for and cured if possible, otherwise, to aid the unfortunate by every means to lighten the burden he must carry. A burden which interferes with many a pleasure, enjoins many a pleasant visit from home, and where the child is without the tender love of a mother, is sure to procure for it deprivations and frightful punishments.

Regarding it then as one symptom of a weak nervous system, employ

nerve tonics, all of which are well known to the general practitioner, and then address the treatment to the special symptom. Without attempting to allude to the special views of the pioneers in this line, I shall indicate what has proven most useful in my own experience. Belladonna or atropia in the greatest number of cases will give the best results. In but few instances does a failure occur after the toxic effect of the drug is shown. Perhaps the following is now most frequently successful. Atropia one grain, water one ounce. Dose, one drop for each year of the age of the child, given twice during the afternoon at an interval of three or four hours. This with care as to the use of too much fluid for the evening meal, and as to the emptying of the bladder the last thing before the child is placed in bed will in a few days result in a permanent cure. The dose may then be given but once in the afternoon for several days, not stopping at once as is so often done, to be followed by a return of the trouble. When the case is obstinate, the dose may be gradually increased until the toxic effect is produced as evidenced by dilatation of the pupil, etc. It is always best to warn the patient that a rash like that of scarlet fever is often liable to occur even when but few doses have been taken, thus preventing a panic, as I have known to occur more than once. Along with this nux vomica, or strychnia should be employed as a general tonic.

Where the case proves obstinate, or relapsing, belladonna in appropriate doses will often act like a charm. When cases come to me with a history of much medication, and poor results, I invariably begin with belladonna in sufficient doses to impress the system quickly. Finally, ergot combined with nux vomica is often found of value after other treatment appears to have failed.

The physician should not too easily be discouraged in such cases, he must impress upon the parents the very great need of following the treatment with care, and the equal need of obtaining a cure.

Removal of a Large Fibro Sarcoma of the Buttocks.

By Prof. E. L. STANDLEE, of the American Medical College, St. Louis.

Reported Expressly for this Journal.]

Case. Mr. J. H., of North St. Louis, aged 38 years, boiler-maker by trade, consulted me in regard to a large growth on the right buttock, which had become so burdensome he was obliged to leave off work until in some way relieved.

History. Some three years previous, he states, that a small enlargement appeared on the right buttock, which he supposed was an abscess and caused from sitting astride the pieces of metal he riveted together. Some attention to this caused its partial dispersion, but later it began to grow and soon became quite in the way of his work. At this time he consulted a physician and the enlargement was diagnosed abscess, and

freely incised. Quite a severe hemorrhage was the result of the incision, and dressings were applied until the wound had healed.

The tumor was not reduced by the operation, but a peculiar complication came in at this point. A serous fluid constantly dripped from the most dependent part of the mass, while he was on his feet or walking; firm pressure, as in sitting upon the tumor, would temporarily control it.

In this miserable condition, he consulted several different physicians to whom he had been recommended by friends, but received little satisfaction, it seems, and was not a little disquieted because of the various diagnosis and recommendations in regard to the case. He finally entered the City Hospital, where he received further exploration, greatly to his dissatisfaction; so he departed from thence and now presents at my office.

On examination, I find a large weeping tumor, covered over with granulation tissue, and from which emanates a pungent, sickening odor. It seemed to be derived from the lower part of the sacro-sciatic notch, or ischio rectal fossa, passing deeply beneath the gluteus maximus muscle, or incorporating some considerable portions of it. I was bound to confess, as others had done, that I was unable to decide fully as to origin, and, therefore, the classification proper of his tumor; but I had about made up my mind that it was a sarcoma of the spindle-celled variety, which are frequently very closely allied to fibromata in their general appearance and formation.

I endeavored to find some of the sinuses from which the fluid was flowing, but could not trace them. It seemed to strain through the granulation tissue and collect in drops, as the sweat on the brow of our noble horny-handed sun-burned sons of toil.

It has been called a hernia from the great sacro sciatic notch. By exclusion I dispelled that thought. It had been called a fistula from the fluid and odor, but I could find no evidences of a communication with the bowel.

So with the idea as above expressed, I advised operation, and after proper time for consideration, he consented, and entered Protestant Hospital August 14th, 1893. After the customary preparation, attention to bowels, bath, etc., patient was placed on the table and anæsthetized.

With two sweeps of the knife I surrounded the mass, cutting through the skin and superficial fascia. Quite a free flow of hemorrhage, which was controlled by the application of several pairs of hæmostatic forceps. I now dissected out with scissors and my fingers, which I use mostly in separatiug parts after the primary incision, which greatly lessens the amount of hemorrhage. I followed the mass down to the ischiatic tuberosity, to which it was firmly adherent, and, therefore, evidently of periosteal origin. After enucleation, a few gauze sponges were packed in the cavity thus formed and served to check the slight hemorrhage from a few small vessels. The hæmostatic forceps, which had been previously ap

plied, had done their work and were carefully removed, and five deep sectures brought the parts together, which were dusted with iodoform and packed with an abundant supply of gauze and cotton, held in place by strips of plaster and bandage. Patient suffered no pains during convalescence, and the healing process was complete by the 14th day after operation. General health of patient rapidly improved, and in one month was able to resume work. No indications of a return of the growth have been reported up to this time.

The principle points of interest in the case are the size of tumor—as large as a child's head—difficulty in diagnosis, continuous weeping after first treatment by incision, periosteal origin from ischiatic tuberosity, successful removal with a non-recurrence.

2201 University street.

Our Fallacies or Our Helplessness?

By Wm. H. Dukeman, M. D., Los Angeles, Cal.

The ultimate aim of all true physicians in all medical research is the cure and prevention of disease. To be useful the physician should be well informed generally, as well as in medicine; and above all, we should be so skilled in our profession, and be eminently practical combined with good sound judgment.

The public can not be expected to estimate the physician any other way than by his proven usefulness and to judge his skill and success in the treatment of disease other than by what he has done.

We, therefore, should advance along side with the progress of preventive medicine and be familiar with the things known and recognize the unknown in medical research and acknowledge our helplessness in the cure and prevention of disease as well as our fallacies in the cause of disease.

We have discovered various bacilli inhabiting the system in their hiding places in the various infectious diseases, and have distinguished their size, form, shape, etc., but we don't know whether they are the cause of the disease or whether they are developed from the result of other disease process, or whether such disease process is only a suitable soil for the development of their spores. We know that such bacilli exists in these various infectious diseases (and sometimes in healthy persons.) But we are helpless in destroying them by direct or other means without injury to our patient, e. g.; we localize commencing tuberculosis of the lungs and the formation of cavities in the lungs, and with the aid of the micrescope we have been enabled to describe the form, size and action of the bacillus which infest these diseased lungs, but we don't know any remedy that will destroy these bacilli in their hiding place without producing an ill effect on our patient even were they the cause of the dis-

ease, nor can we repair the damage done by the disease (the bacilli.) We know that the Lœfler bacillus exists in a patient with diphtheria, and has also been discovered in the faucial secretions of a healthy person without producing the disease, and if these bacilli are the cause of diphtheria, we don't know why the disease does not develop in the healthty person, and we don't know any remedy that will cure our patient.

We know that there are several varieties of the typhoid bacilli, but we don't know whether one or more of these varieties do not exist in their hiding places in the intestines of healthy persons without producing typhoid fever.

We know that various diseases are communicable, but we don't know precisely how they are communicated. For example, we know that measles can be communicated, but we don't know the cause of measles. We know that the disease is most contagious during the few days preceeding the eruption or the first day of the eruption, but we don't know whether the communicable medium is from the exhalations, from the air passages, or from the skin, or whether the contagion is from some other source.

We have attributed the conveyance of the tubercle bacilli to every conceivable source. We have attributed its conveyance even to our drinking water, to milk, to meats, and even to our *daily bread* and *butter* (in all of which they have been discovered) as the medium by which consumption is communicated; but we don't know that anyone has ever contracted or acquired the disease in any of the three ways. Hence our fallacy. A physician, not long since in our city, gathered up a handful of dust along the curbing of the street, and in it he discovered innumerable living bacilli tuberculous, together with many other micrococi. He also carefully wrapped up a spoon which was served with his meal at a restaurant, carried it to his office, and with a little water he washed the spoon and in this water he discovered tubercle bacilli. Now it will be plainly seen that if these bacilli are the cause of the disease, our helplessness to prevent the disease in a city like this, where so many consumptives live and come for their health, with all the sanitary precautions known put in force, and all other assistance we might have at command, we could not eradicate such source of contagious mediums.

I have specified a few concrete examples to show wherein are some of our helplessness as well as our fallacies, Our helplessness lies in other sources as well. We know that a defect in one valve of the heart produces entirely different disturbances than a defect in another valve; but we don't know any way to repair that valve. We can localize in the brain the centers of speach, of sight, and the centers of motion (of the arm, leg, etc.,) and we can localize diseases of these brain centers from various disturbances produced—the result and symptom of other disease —but we do not know the why or wherefore of the cause producing such, nor of any remedy to prevent such disease.

We can describe, minutely, the resting places of the various abdominal tumors in their hiding place and successfully remove them with safety to our patient in the great majority of cases, but we don't know why or what causes them to grow there, nor of any method of prevention.

We recognize by the sense of touch atheromatous condition of the arteries in their fluxuous courses and the ultimate result of a possible rupture in the brain, causing apoplexy; but we are helpless in a severe case of preventing resulting sudden death. We know from statistics that there are several times as much and as many more deaths in crowded tenement houses than in cottage houses and in dwellings of the well-to-do class of people; but don't know why the Jews, who live in these crowded tenement houses have a low death rate. We know that badly ventilated living apartments are injurious to health; but we don't know whether it is the carbonic acid gas or exhaled organic matter with unknown poisonous properties that injure the health, or whether it is both, or a resulting poisonous composition of the two.

A Different Illustration.—We are called in great haste to see in consultation a little babe with membranous croup. The little helpless creature we find lying in its faithful mother's arms, watching anxiously over her dear babe and praying to God to have mercy on her and save the life of her dear one. His face is lived, his mouth is open, his eyes stare widely and has a dreadfully anxious look. We recognize at once our helplessness. For the child has purple lips, his breathing is stridulous and rapid, he moves his arms restlessly in effort to grasp for breath, his pulse is weak and thready and two rapid to count. We further recognize that the trachea is involved and the disease is extending down into the bronchi; operative proceedure is out of the question. Every known remedy at our command has been tried, and one by one they have failed to give any relief. (Perhaps hastened on the result.) We anxiously watch for one more grim chance to save the life of the little one. Our last attempt has failed; the disease has long ago been beyond our reach, but we still have a faint hope that we may be of service to save the life of this dear helpless little one; but we can only stand by in our helplessness and see the child quietly sink in the last struggle. A grasp for breath and the scene is at an end. Where can we be placed in a more pitiful and helpless position? Have we progressed in a thousand or more years?

Our pharmacopea and our materia medica contains almost innumerable remedies for the cure of disease, but in a given case, as the above, we are yet as helpless as of yore. Sometimes when we have tried all the remedies at our command, and every available thing medical science has taught us, and have given up in our helplessness, some unseen and unknown power steps in and takes hold of the situation and the patient recovers. Have we not all had such cases? Do we not oftentimes

depend too much on drugs and overdo the work? Must we not all acknowledge our helplessness at times as well as our fallacies? No matter how intelligent, intellectual or energetic and sincere we may be in our administration of remedial agents, the true physician never depends alone on his knowledge, his qualifications and his skill, but he is ever calling for new light to his aid with his trust in the Supreme Power to help him restore to health those worthy of renewed health.

Our faults, (our fallacies,) sometimes like society, dwell too much in the fashions of the day, too often so, to the detriment of our profession, and more so to the damage done our patients. It was not long since a fashion to bleed, to purge, and deplete our patients in the hope, I presume, to evacuate the poison which was in the system, and thereby cure the patient. But we don't know now why we did it. It now apparently is the fashion to attribute the cause of all infectious diseases to microscopical life, the bacilli. Our investigators are faithful and persevering and apparently making great progress. We live in hopes, anxiously waiting in our helplessness, that these investigations, deeply as they penetrate into the hidden life, wi l reveal facts or cast light on the things unknown that will place us in a helpful position, as in the event of such cases as I have above related.

I trust that we are not in a fashion, so to speak, but that we are on the right road of investigation, and that these investigations will be crowned with a successful ending. My sentiments may appear to the reader that I am somewhat sceptical on these lines of investigation, and I will admit that while I am yet on the doubtful list, I shall hold myself in reserve, to accept only such facts whereby have been proven useful and helpful to suffering humanity.

104 S. Spring St.

The Etiology and Treatment of Endometritis.

By Louis Frank, M. D., Associate Professor of Obstetrics and Assistant in Abdominal Surgery and Gynecology in Kentucky School of Medicine—Gynæcologist to Louisville City Hospital—Obstetrician to Kentucky School of Medicine Hospital, etc.

Written Expressly for this Journal.

In the furor for abdominal section, and in the tendency to write upon this subject, minor operations and minor gynecological work have been for the great part overlooked.

Of greater importance than certain forms of abdominal or pelvic disease, are the causes that lead thereto, and surely the means for their prevention are deserving of more notice than has been recently given them. Preventive surgery, like preventive medicine, must occupy an important place in our therapeutics. It has been my custom to teach my students the primary causes of certain effects, and to pay much time and attention

to the so-called little things in order that they may better understand the more extensive changes with which they meet. And who will deny that in a very large per cent. of cases of pelvic peritonitis, the infection is directly through the uterus to the tubes, and thence to the peritoneum?

In no other branch of medicine is so well illustrated the adage, that "a stitch in time saves nine." The anatomical relations of the uterus and tubes forming as they do a direct communication between the outside and that *sanctum sanctorum*, the great abdominal serous cavity, make this especially true.

The exciting cause, pathogenic germs, are most always present, awaiting a favorable opportunity to implant themselves upon the secculent mucosa of the uterus. The predisposing causes are very apt to be present sooner or later. A simple congestion is sufficient, or a slight displacemen', impairing as it does the natural drainage, is equally as potent.

Endometritis, always of bacterial origin, may be simple, that is non-septic, or non-specific. The predisposing causes are constitutional, anæmia and other diseases of the hæmic system, then constipation by causing *congestion* or stasis. Any of the exanthematous diseases, tuberculosis, etc.; narrowing of the cervical canal, either as a result of cicatricial contraction, as a result of operation, or as a congenital condition, by impeding drainage or preventing it altogether, allowing the normal secretions to be retained, afford a most favorable condition for the implantation and development of micro-organisms. Displacements, particularly flexions; subinvolution, the presence of tumors, especially when obstructing the venous returns, and sexual excess, by the congestion they produce, are also to be considered. A very common cause is incomplete abortion. As a result of improper treatment, by the application of certain escharotics, or in old women, or following displacements, the condition is often the reverse of this, the glandular structure disappearing, the cavity being lined as it were with connective tissue. This is known as atrophic or inter-glandular endometritis.

So we find the causes of simple endometritis to be, (1) constitutional, (2) congestive, (3) imperfect drainage, (4) incomplete abortion or dicidual remains, (5) improper local medication. Unless the true cause is recognized and the fault remedied, we sooner or later have the simple which is least dangerous converted into a septic endometritis, with its rapidly occuring and terrible sequelæ or complications.

Septic endometritis is an extremely dangerous disease, and it is to this particularly I would call attention. Most often it follows as an acute condition, abortion, or labor at term; also malignant degeneration or sloughing tumors, and in addition gonorrhœa to be spoken of under specific endometritis, and the use of dirty instruments or improper medication. The greater majority of these cases are preventable being due to

imperfect cleanliness, and I am sorry to say, often of the doctor himself. Pyogenic organisms are always resident in the vagina, and are often on the hands and instruments that are used. There is great carelessness displayed in uterine examinations and manipulations. Much has been said and written about the gynecological tinkerer which could have been better said of his dirty instruments.

It is not the "tinkering" *per se* that is the cause of the trouble—it is the means employed. No uterine sound, no vaginal speculum, no examining finger is fit or suitable for use before it has been rendered aseptic. The methods of doing this are too well-known to be repeated here. While many and most all know the meaning and principles of asepsis, few are practically acquainted with surgical cleanliness. Better far never to use these instruments than to do so without first scrubbing and boiling. The uterine and cervical secretions are favorable soils for the implantstion of pyogenic arganisms, and once infection occurs there is no telling where it will end. From these, as the starting point, it may spread very rapidly through the numerous lymphatics to the broad ligaments and the peritoneum or by continuity of structure to the lining membrane of the tubes, resulting in inflammation or peri-uterine abscess, salpingitis, peritonitis, pyosalpinx, etc.

There is no longer any question as to the cause of sepsis after labor, and no one doubts its preventability. Puerperal endometritis seldom remains local; most often unless early and properly treated the outcome is fatal. Endometritis resulting from specific vaginitis on the other hand, is usually chronic in character, and causes as it is by the gonococcus, its course is insidious, and often the first knowledge we have of its existence is when we are called upon to treat the lesions resulting therefrom. I know of no disease more to be dreaded than gonorrhœa in the female. It is found in all classes of society. It would seem from the frequency of gonorrhœa in women, that specific urethritis in the male is often not cured. The husband innocently infects the wife, and his latent gonorrhœa is the cause of it all. In how many instances is the blushing bride, pure and beautiful, led to the wedding couch by him who holds her dearer than all else, little knowing that in their Eden lurks this destroyer of women, which is to poison her with its sting and turn her happiness to bitterness; convert her bed of pleasure to that of the invalid; to rob her of the joys of young motherhood. Probably forty-five per cent. of the cases of pyosalpinx are due directly to gonorrhœa; many more due to puerperal trouble secondary to it. If, however, the damage is not done when we see these women, it may be prevented; its march may be cut off if the uterine cavity alone has been invaded.

Treatment.—In the simple forms of endometritis, drainage with the removal of any local causes of congestion, is very often sufficient. In

some cases it may be necessary to dilate the cervical canal before this drainage can be effected.

Drainage is procured first by the uterus being put in the proper position; or it may be necessary to introduce aseptic gauze into the cavity. The intra-uterine application of drugs I hold is of no value, and is calculated to do harm rather than good. Uterine irrigation is of value in many cases.

Septic endometritis is more difficult to treat, though the results are equally gratifying. It is in this form of the disease, as also in the specific endometritis that the curette is of inestimable value. Praises to him who discovered the curette. There is no instrument that has been of greater value to me. Properly used by men who know how to use it, under the proper precautions, there is absolutely no danger. When I speak of the curette, I mean the sharp cutting instrument. The dull wire curette is a useless makeshift, and is of absolutely no value whatever. It is used by those men who are afraid of some damage they may do, whose touch is not educated as it should be. Even in sepsis following delivery, the sharp curette is the instrument to be used. Notwithstanding the softness and bogginess of the uterus in many cases, there is but little danger of perforation if the curette is properly employed. The great difficulty with curetting is that many look upon it as a little operation, and consequently they do not exercise the necessary precautions. This seems rather contradictory following the opening of this paper, and I retract what I first said, and now say that no operation in gynecology, however simple, should be looked upon as a minor operation. All operations about the vulva, vagina or uterus are major operations, and if so considered, little trouble will follow them. We should be just as careful in preparing for a curetting operation as in preparing for a vaginal hysterectomy. The vulva should be thoroughly scrubbed and shaven, the vagina thoroughly irrigated with bichloride solution and packed with gauze previous to the operation. At the time of the operation, the woman being placed in the lithotomy position, or in Sim's position, the vagina should be thoroughly washed with bichloride solution, the cervical canal mopped out with a pledget of cotton soaked in bichloride solution one to one thousand, and by means of a Wathen or Goodell dilator, the cervical canal should be sufficiently dilated to freely admit the curette. Then beginning at the fundus the mucous membrane of the uterus should be thoroughly and carefully scraped away. Both the cornua should be carefully curetted; the cervical canal as well. The difference in the feel of the normal mucous membrane and the muscular wall is quite marked. After the uterine cavity has been denuded of its mucous membrane, the curette coming in contact with the muscular coat gives rise to what is known as the *uterine cri*, which can be often be heard and always plainly felt. After thoroughly scraping away the detritus the cavity may be

washed out by an intra-uterine douch, using for this purpoee bichloride solution one to five thousand, or plain sterilized water. The cavity is then packed, going to the fundus, with sterilized gauze into which has been dusted iodoform, or not, according to the choice of the operator. About the external os and around the cervix sterilized gause is carefully packed. The bowels should be moved on the third day, if they have not acted previously. Abdominal tenderness should be watched for, though it should never occur if the operation has been properly done. The pulse and temperature, especially the former, should be carefully observed. After forty-eight hours the gauze may be removed, the vagina irrigated with sterilized water under strict aseptic precautions, dried out and re-packed with gauze, which in turn is removed again on the fourth or fifth day. After a week the woman may be allowed out of bed.

It is necessary to say that all instruments and the hands of the operator should have been carefully rendered aseptic by the means which we usually employ. If these methods are followed out, no harm whatever can possibly result from the curette. Those who say they have seen terrible pelvic inflammations follow this operation, have themselves been the cause thereof, by conveying septic matter to the endometrium.

Of course we must not operate if an active inflammatory process is going on in the periuterine tissues, this should be allowed to subside, and then even where pus tubes exist, where chronic peri-uterine inflammation or pelvic peritonitis is present, the operation is of benefit. We should never neglect to curette previous to doing an abdominal section for some pathologic condition which has resulted from septic endometritis; if we do we find that the result of the abdominal section is not such as we had desired or had looked for. We must bear in mind that the exciting cause most often resident in the uterus must first be removed, then at the same sitting or on another day we may do the section.

Puerperal Eclampsia.

By T. W. Conerly, M. D., San Angelo, Texas.

Written Expressly for this Journal.

No disease or condition is calculated to so thoroughly alarm the physician or the friends than the one that heads this article. Coming on the patient so insidiously, so suddenly, so unexpectedly, and without warning, it demands the coolest and the most careful judgment, the most prompt and skillful work of the physician of any condition perhaps that we are called upon to manage. It is a crisis in the career of the medical man which will show his weak points, where an error of judgment may prove fatal to the poor patient, and disastrous to the reputation of the physician, or it will exhibit the broad scope of his learning, the correctness of a mature judgment and the greatness of his skill.

In the study of this subject we have for consideration one of the most formidable and perilous complications of the lying-in-chamber, in the pathology of which our authors are undecided, in the etiology of which we are yet to a great measure at sea.

Among the many causes assigned we have very prominent as a factor albuminurea. An eminent authority gives as a solution for the convulsions, the theory that the foetal tumor makes pressure on the kidneys, induces defective renal elimination, and consequently uremic poisoning. Another that the convulsion is induced by irritation of nerve filaments supplying the uterus by pressure of the foetal tumor. An English writer, several years ago, in accounting for albuminuria, claimed that the passage of albumen into the urine is the result of imperfect combustion, that urea is produced by the oxygenation of the albumen in the blood, and if the oxygenation does not take place the result will be albuminuria. This hypothesis possesses the attribute of ingenuity, but it would be difficult to demonstrate the theory, for the obvious reason that when albumen passes into the urinary secretion, the quantity of urea, as a necessary consequence, should not be increased in the blood.

With all these facts before us, with our absolute inability to arrive at a pathological condition upon which we all can agree, we arrive at the conclusion that the pathology and causation are different in the different individual cases, and that many causative factors are at work in the production of different cases of puerperal convulsions. If then a different theory will serve to explain the cause of different cases, the attending physician is charged with the responsibility of managing a formidable and alarming condition without a definite pathology to guide him; and it is a condition of this kind that calls out all the genious and tact of the attending physician, with an uncertain pathology, with a disputed etiology, with a long list of remedial measures, as varied in their effects as the different colors of the rainbow.

It is here that the physician is brought to reason from symptom to remedy, from condition of patient to most prompt and safe measures of relief, and it is in the management of this trouble that he will find no education or instruction of so great assistance to him as that of experience.

The trend of American thought has been to culminate in the belief, and to teach the doctrine that the first move to be made towards affording permanent relief to our patients is to thoroughly and at once empty the womb of its contents, no matter at what stage of utero-gestation. To this mode of procedure I take issue most emphatically, because 1st, a great many of the ante-partum cases occur prior to term, and are amenable to arrest and control. 2d. A large proportion of cases occur post-partum, in which event this view of the management would be untenable.

I will illustrate the erroneous nature of the theory above mentioned,

and emphasize the more rational view by reporting my four last cases, as they have occurred within the last decade.

Case No. 1.—Mrs. H., age 28, multipara, a large, fleshy, plethoric woman, was taken with violent convulsions on July the 8th, 1884, in the eighth month of her pregnancy. I arrived at the bed-side during the second convulsion. It was quite a hard one. I began at once to administer chloroform, and very soon had my patient well under its influence, I then quickly corded the arm and drew off one and a half pints of blood, and injected, hypodermically, half a grain of morphia. A third, a fourth, and a fifth attack started up, but each recurring attack was more easily controlled, and in twelve hours my patient was quiet and comfortable, and with the help of viburnum pienifolium, hyosciamus and acetate of potassium, she went nicely to an uneventful term, and was delivered of a fine healthy daughter.

Case No. 2.—Mrs. C., aged 18, primipara, a small, spare woman, was confined September 13, 1886. Labor terminated normally at 10 o'clock a. m. She was in the hands of a midwife, three miles from my office. About one o'clock convulsions set in without warning. Before a message could come to town and I get to the house of the patient, she had had three hard convulsions, and was lying insensible and breathing very hard. I administered chloroform and kept her partially influenced with it, the more easily to control the recurring attacks. I drew off a pint or more of turbid urine, moved bowels well with enema, gave half grain morphia by hypodermic method, and as soon as patient could swallow, gave her a large dose of chloral and belladonna. Several light attacks occurred during the next twenty-four hours, but finally gave way under the above-named remedies. Careful examination failed to reveal the presence of clot or membrane that could act as exciting cause by irritation.

Case No. 3.—Mrs. H., aged 19, primipara, a short but medium stout lady, was taken in labor May 16, 1890, at 8 o'clock P. M. A slow, tedious dilitation progressed, followed by a forceps delivery at 12 M. next day. The third stage of labor was soon completed nicely and patient was quite comfortable. At 1 o'clock she complained of slight headache, for which I gave bromide pottassium gr. xv, and chloral hydrate gr. x, and awaited. In about 40 minutes convulsions set in quite violently. About the treatment as the last case controlled the paroxisms after some delay.

I will here mention incidentally that the inferior maxilla was dislocated by the violence of the first paroxism, which complication I have not seen on record elsewhere.

Case No. 4.—Mrs. W., aged 22, primipara, a brunette of fine physique, rather corpulent, was taken in labor at 6 o'clock A. M., November 9, 1891. Dilitation was ample and membranes ruptured at about 1 o'clock P. M. The expulsive efforts set in vigorously at once, the head engaged

in superior straight, progress was slow. At about 3 P. M. the alarming vacant stare was noticed, quickly followed by one of the most terrific convulsions that I have ever been called upon to witness. Chloroform was at once administered and continued for the double purpose of preventing the recurrencs of the attacks and to facilitate instrumental delivery. In this case I also resorted to venesection, then proceeded to apply the forceps. Traction was now begun and continued until delivery two and a half hours later. The delivery was effected solely by the forceps, as no further expulsive efforts on the part of womb occurred. After delivery was completed the chloroform was withdrawn, and only resumed at the first appearance of a paroxism. The bladder was emptied, the bowels syringed out and a large dose of chloral and hyocyamus thrown in, the patient being unable to swallow for some hours. She was kept on chloral, hyoscyamus and morphia until all indications of the convulsions recurring had subsided, which was about thirty six hours.

In all four cases the patients did well, and all the babies lived.

It will be seen that of the four cases that in only one case, Case No. 4, was the evacuation of the womb of its contents demanded to afford relief. In Case No. 1, it was happily obviated and the pregnacy successfully conducted to a normal termination. In Cases Nos. 2 and 3 the womb was already empty when the convulsions set. In Case No. 4 only was it demanded.

I am of the opinion that this condition of affairs coming on before term, can, in a large majority of cases, be conducted without hazarding the life of either mother or child successfully to term, and that the practice of effecting premature delivery should be resorted to only as a dernier resort.

Some Thoughts Upon Prevention and Treatment of Puerperal Fever.

By L. Sexton, of New Orleans, La.

Written for this Journal.

In August, 1894, I was called to Mississippi to see a patient suffering with puerperal fever in consultation with my friend, Dr. H. The patient was a primipara ; had sustained a tear of the os-uteri and perineum while being delivered. On the fourth day after confinement she was attacked with a violent chill, followed by a temperature of 104° fh. Profuse diaphoresis followed the fever with severe headache ; slight tenderness over abdomen. The discharge became fetid, contained rather more blood than is customary. Digital examination per vaginam revealed a large, flabby, partially contracted womb with considerable tear in the os, as well as in the perineum. The vagina was tender from the effects of recent delivery ; the intestines were inflated with gas ; there was no particular ovarian tenderness. Pulse rate was 120 per minute, breathing

quite fast; patient bathed in a profuse perspiration, though the temperature was abnormally high. Under the circumstances, I considered we had to deal with a puerperal fever, the cause of which existed in the womb, as the vagina had been kept well cleansed with bi-chloride solution (1 to 4000.)

In order to arouse the secretions, and for its supposed anti-phlogistic effect, we ordered 10 grs. of calomel and sodæ in two capsules, one at night to be repeated next morning if necessary. A rubber cap, filled with ice water, was applied to the head for the double purpose of cooling the fever and relieving the headache. She was taking 20 grs. of quinine a day in capsules, which was having so little effect towards reducing the temperature, that we gave 5 grs. of phenacetine and 3 grs. of dovers powder in capsules every three hours, until the temperature was reduced to 100° Fh. In addition, she was ordered 10 drops of digitalis with toddies whenever the dovers powder and phenacetine was given. She was sponged every two or three hours with tepid water, the water being left to evaporate on the surface.

Having done this much in a general way, we decided to irrigate the womb with a fifty per cent. solution of peroxide of hydrogen; for this purpose we brought the patient's hips to the edge of the bed, flexed the legs upon the abdomen, and using a Knott's speculum, soon brought the womb well into view. Not having an intra uterine irrigator convenient, we introduced a soft rubber catheter, No. 15, into the womb, inserting into the catheter the nozzle of a Davidson syringe. These instruments were perfectly cleansed before using them. Half a pint of peroxide of hydrogen, with half pint of water, was injected into the womb, which was sufficiently patulous to permit immediate return of the fluid. The debris in the womb was freely washed out by this injection. The rent in the perineum being of five days standing, was left for a secondary operation, as we could not, with reasonable hope, expect a union of the parts even if we had sutured them, on account of the discharge and constant douching necessary. The temperature fell two degrees under this treatment duing the next twelve hours, at which time it rose again, but receded a second time after the intra uterine injection, which was repeated twice during twenty-four hours; for the two succeeding days after which, it was not necessary, as the fever had practically abated.

I am inclined to think that part of this pyrexia was dependent upon the formation of milk in the breast, but I am equally certain that there was an element of puerperal fever in the case, which would have been severe but for the early interference.

I have known three other cases of puerperal fever to recover under similar treatment; have also known two cases in which the antiseptic intra uterine douches were not used, both of which terminated fatally.

I realize that there is a popular objection to intra uterine injections;

have personally had cases in which violent cramps occured, bordering on to shock from portions of the fluid injected into the womb, being forced out through the tubes into the peritoneum. This accident, however, did not occur in the sub-involuted womb after delivery. We should always be reminded that there are other conditions, such as malaria, milk forming in the breast, to produce fever in the puerperal state, hence all such cases should be excluded before there is any tampering with intra uterine injections, as no doubt infective germs are occasionally introduced in this way; but where the local infection can be traced to the womb, as in the case under consideration, we deem it as essential to render the womb antiseptic as we would to evacuate pus by opening a boil.

The above case is one of four which made an uninterrupted recovery under the plan of treatment which we have outlined, and though not a sufficient number of cases to base any positive conclusions upon, they are of sufficient merit for me to heartily commend them to my fellow practitioners when they have to struggle with these too often fatal cases.

The suppression of the discharges and metastacis of the milk are no longer considered as causes of puerperal fever. It is really either a metritis, peritonitis, phlebitis or lymphangitis having their origin in pathogenic bacteria or ptomains the result of these germs entering the system through some damage done to, or putrefaction set up in the vagina or uterus after parturition. Puerperal fever is only a modified surgical fever, peculiar to the puerperal state. The atmosphere in maturity hospitals is filled with bacteria. From the very nature of the surroundings, viz: lochial discharge, soiled napkins, decomposing secundines, it is impossible to keep the air of such wards in perfect sanitary condition. Great progress has been made in this direction during the past decade; in fact, confinement in one of these well kept institutions is more in accordanee with antiseptic midwifery than we usually see in lyingin-chambers of our private patients.

Another reason far less mortality along this line is the fact that many physicians, who are attending any of the zymotic diseases, as scarlet fever, diphtheria, erysipelas, etc., or those engaged in dissecting and autopsies abstain as nearly as possible from obstetric engagements. It is in evidence that puerperal fever may begin from auto-infection. The normal lochia contain numerous bacteria. It is equally as true that the vast majority of puerperal cases are the results of inocculations, either from uncleanly midwives or physicians carelessly examining the patient too often with hands or instruments that are not aseptic.

Thorough cleanliness before, after and during delivery, firm contraction of the womb, should be accomplished in every case, thus ensuring the expulsion of all blood clots and debris; also the closing up of all lymphatics and blood vessels, sources through which the poison enters the system. We also consider it a mistake to keep the patient lying on the

wet or soiled bed clothes any length of time after delivery. Reaction from labor will take place much sooner, and the patient be made infinitely more comfortable if she is immediately wiped off with warm wet towels and warm dry bedding substituted for the soiled linen. The hasty delivery of the placenta, either by violent downward pressure, or traction on the cord, is bad practice, that is not needed. if only a little patience is exercised. The forceps, in inexperienced hands, are the cause of many perineal tears, making an opening for the absorption of putrid lochia, which is followed by puerperal fever. No better argument against the indiscriminate use of the forceps can be made than is afforded by the statistics of maternity in in Saxony, in which only four per cent. of the cases needed any assistance of any kind from the physician. At Hotel Dieu in Paris, 98 per cent. of labors terminate spontaneously. Dr. Joseph Clark, in the Rotunda Maternity used the forceps once only in 3,862 cases.

Civilization has brought numerous disturbing factors to lying in women. Not the least among the number is the contracted waist of the average woman. The corset has stunted the development of the waist in America, as the shoes have dwarfed the feet of the women of the Celestial Empire. The effect of this is to protract deliveries, and the longer the labor, and the more interference necessary, the more likelihood of its being followed by puerperal fever. The exciting cause of puerperal fever is a bacilli. These bacilli or the toxic substance (ptomains) which they generate is destructive of tissue, a producer of fever and excitor of inflammation and a disturber of nervous function. These bacilli find warmth, moisture and pabulum (the essential elements for their production) in the recently delivered vagina and womb. They develop in great abundance in the putrefying blood clots, membranes and shreds from the womb, which morbific agents, after being taken into the circulation through the lymphatics and blood vessels, sets up the disturbance recognized as puerperal fever. It is but natural that we should desire to flush out these products by antiseptic irrigation ; nor is it proper to wait till the maternal passages are filled with pathogenic bacteria, nor that the lochia should be offensive before it is washed out, as some of the most malignant cases of puerperal fever are unattended with any fetid odors.

Puerperal fever, before the days of asepsis, was the chief cause of mortality in maternity hospitals the world over. In Germany, since antiseptics are used, about one out of every 140 die. Matthews Duncan claimed that only one out of every 120 was attacked with puerperal fever. Prof. Leopold says that in the Dresden Maternity, after strick antiseptics had been adopted, that sepsis only occurred 14 times in 10,000 deliveries. In the Charity Hospital, New Orleans, 1893, we had 390 births and only four cases of fever. In New York Emergency Hospital, the death rate from sepsis is about 1 to 100. Between the years 1868 and 1875, one-sixth of the deaths in the Maternity Hospital of New York were dependent

upon metria. Before antiseptics were applied to obstetrics, 10 deaths out of every hundred cases was not unusual, and in American maternities it was one death from sepsis to every thirty births.

When we take all the conditions of the vagina and womb into consideration after confinement, it is surprising that we do not have more puerperal fever than we do. In every delivery, as stated before there is more or less injury to the soft parts, rents, tears, and epithelial abrasion. Then we have the hot bed for germ infection in the decomposing blood clots and lochia. Again, drainage is very bad in the dorsal position. Auto infection so-called, however, is very seldom seen in country practice. Air fortunately (germ laden atmosphere) is not so easily admitted into the womb as into the vagina. Nature also seems to have the capacity for protecting the vagina with mucous and throwing off the poisonous products that may form therein. Having had a considerable obstetric practice in one of the large manufacturing towns in the country, taught me that even when there is not much pretention to cleanliness, in many cases of obstetrics, that nature or Providence seems to protect the patient, so that but few cases of puerperal fever develop where not even a vaginal douch, either before or after delivery is customary. The air is more freely admitted in these country lyingin-chambers and much purer than in city maternity hospital wards. The same practice followed in a crowded city hospital that prevails in the country would bring about most disastrous results. Ventilation is essential to prevent puerperal fever. The greatest mortality in the hospitals occurs in the winter months when wards are kept closer and the circulation of free air is obstructed in order to keep up the temperature.

The indication for treatment is to antidote the puerperal poison recieved into the system, and to prevent its further introduction into the same. The injection of 2 per cent. carbolic or 1 to 4,000 bichloride solution is perhaps the best way of neutralizing the decaying detritus in the vagina. In using these solutions it is important that it all be allowed to flow back to prevent poison from absorption of the acid and mercury. I prefer peroxide of hydrogen for intra-uterine irrigation on account of its being less poisonous than the acid or mercury. Intra-uterine injections should only be used when there is the strongest evidence that the inside of the womb is the center of infection from putrefaction of clots, membranes and portions of placenta. If such conditions exist and the temperature has reached 103° Fh., not due to malaria or milk forming in the breast, we would advise the washing out of the womb. After hot douches in the vagina, and the introduction of a Knott's speculum, (as seeing is easier than feeling) a new soft rubber catheter, or glass tube about the size of the little finger is inserted into the mouth of the womb, not up to the fundus however.

A new fountain syringe attached to the tube or catheter filled with 23

or 50 per cent solution of peroxide hydrogen at temperature of 100° Fh., and you are ready for the intra-uterine irrigation. Inject slowly after excluding all air from the pipe. I do not think curretting is indicated in many of these cases, abortion excepted, as the good it does hardly compensates for the risk incurred by opening up new field for absorption of poison. When pain is very great it should be controlled by hypodermic injections of morphia and atropia if not contra indicated. I have occasionally used a suppositary of ext. opii, grs. 1, bellad. ext. gr. ¼, by rec tum, with longer relief from pain than obtained from hypodermics. Turpentine stupes or flax seed poultices over the abdomen are grateful and beneficial if the peritoneum is involved. I would not use any more opium than absolutely necessary to make the pain bearable; always keeping the bowels open by suitable medicines. or enamas; five gr. doses of quinine every four hours till the fever falls to 100° Fh. is a safe practice, especially in malarial districts where this occult poison complicates so many diseases. If the heart will permit it, small doses of phenacetine may be used to advantage in excessive temperatures.

Stimulants in the shape of eggnog and milk punch should be given as occasion demands. Ice caps or cold cloths to the head act favorably upon the temperature, but better still for reducing fever is the wet pack with sheets wrung out of cold water, four of which packs are said to be equal to a cold bath. Hot bottles to the extremities and stimulants should follow upon the application of the cold pack. Only liquid diet should be allowed at short intervals.

Laparatomies, while brilliant in many other fields of surgery, will be hard to establish in this branch of practice, except where pus sacs and pus tubes are localized. I would not be understood by what I have advocated in this paper to be one of the green cranks who thinks the Doctor ought to buy a new suit of gum proof clothes every time he is called to an ob stetric case, and that the baby ought to be born into a bichloride bath, while its lungs are being inflaten with a carbolic spray. The happy medium between this and the slovenly doctor, with his long dirty finger nails and rusty instruments, is where the up to date practitioner ought to stand.

A death in child bed is the saddest of all deaths. It's a public as well as a private calamity; yet one twentieth of the deaths among women during the child bearing period are due to puerperal fever, hence these suggestions.

A Neat Artifice.

"Very cute little dodge of that druggist, selling me a porous plaster with the privilege of returning it if it did no good." "Well, why don't you return it?" "I can't."—*Ex.*

Antitoxin Reports from Austria.

Dr. Germonig has made a communication to the Medical Association of Trieste on 224 cases of diphtheria treated with Behring's antitoxin. According to the writer, the mortality from diphtheria in the civic hospital of Trieste before the use of the serum in the years from 1866 to 1894 was 60 per cent. of all cases admitted. In the tracheotomy cases it was 85.5 per cent., and in the others 44.5 per cent. Of the total number of cases, 224, treated with the serum, in 105 the fauces were affected, in 68 the larynx, and in 2 the uvula. The mortality was only 20.3 per cent. The author contrasts this with the previous mortality, 60 per cent., in the same hospital before the antitoxin treatment was used. As a proof that the epidemic was not of a mild form, of 65 cases treated in the old manner and at the same time in the hospital, 33—that is 50.7 per cent.—died. A bacteriological examination was made in only a few cases for want of time and suitable means, but in the cases examined the Loeffler bacillus was always found. The writer divides the cases into three categories: the mild, the less grave, and the grave, including the septic. The mild were those in which the tonsils only were affected with slight glandular enlargement in children over 4 years of age; the less grave, those in which the exudation extended to the arches and to the uvula, the glandular swelling more pronounced, and the general symptoms more severe; the grave, those in which there were large exudations, with large glandular swellings, besides all cases in which the larynx and nose were affected; but, above all, those cases were considered most grave in which adynamy, anorexia, cyanosis, etc., were present. The number of mild cases was 31, and all were cured; the less grave 103, with only one death; the grave 90, of which 49 were cured and 41 died. Thus, out of a total of 224 cases, 182 were cured and 42 died. Two-thirds of the cases were treated within the first three days of the illness; three-fourths were under 6 years of age, and half under 4 years. The writer observed a rapid detachment of the membrane after the injections; in the majority of cases the membrane disappeared in from three to six days. In all the cases frequent thermometric observations were made. He observed in a number of cases an increase of temperature after the injection, and then a rapid diminution to normal within twenty-four to forty-eight hours. The fever was rarely protracted beyond the third day, excepting in the croupous form, when it remained elevated a longer time. Urticaria was observed in 25 cases after injection. Albuminuria was present in 111 cases. It was recognised before injection in 27. In the 65 cases treated without the serum it was found in 33. In 64 cases of laryngeal diphtheria intubation was necessary in 44 cases and tracheotomy in 2. Before the antitoxin treatment, in 27 cases of intubation 7 only were cured, that is, 25 per cent.; with the serum treatment 20 were cured out of 44, that is 45 per cent.

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OUR DRINKING WATER.

It is very often contaminated and dangerous. Water is natures great solvent and is capable of holding in solution gases, fluids and many solids. While the solvent power of water is indispensable to us in the bodily economy, in carrying nutrition to the various tissues, and carrying off waste matter, it is also a serious danger, in that many of the substances soluble in water, are injurious or poisonous when taken into the system. Nearly every city derives its drinking water from three sources, namely, rain water, surface water, including the water of shallow wells, springs, rivers, lakes, &c., and deep well water.

The air contains many impurities, and especially after a long dry spell, it becomes laden with dust consisting of many impurities and filth of all kinds, including germs of infectious and contagious diseases such as consumption, typhoid and malarial fevers, small pox, &c. The first rains take off these impurities and clear the air. After two hours of rain fall the air is almost entirely rid of all impurities. The rain water is pure, if it is properly collected. This, however, is often improperly done. It is nearly always collected from the roofs of houses which contain moss, dust, rotten wood and other impurities, partly or entirely soluble in water. So when it is necessary to use rain water, the water of the first rains, and the first part of a rain storm, should not be saved.

Cisterns used in collecting rain water are often a source of contamination. The wood is apt to decay, and the lead and zinc used in their construction are partly soluble in water. The result of analyses show that rain water collected for use in cisterns usually contain more impurities than spring or river water. It is, however, more palatable on account of its softness, and for laundry purposes it is superior to any other water.

Rain water passing through the ground loses more or less of its impurities, but takes up other matter, according to the ground or soil through which it passes. The air in the upper layers of the ground is much richer in carbonic acid than the atmosphere. This carbonic acid is taken up by the water as it passes through the ground, and increases the dissolving

power of the water. Salts, especially of lime and magnesia, are taken up in various proportions, rendering the water more or less "hard." Then, again, if the rain falls in the neighborhood of barnyards, vaults, and cess-pools, organic matter is added to the water in such proportions as to be decidedly dangerous. As a rule, spring water, if uncontaminated, is an excellent source of supply.

River waters are more or less contaminated after passing large towns or cities. As a rule, river water is pure in proportion as you approach the source of the stream. Lake water is usually quite pure.

Water derived from shallow wells is almost always contaminated by the surface drainage from closets, barnyards, &c., and is, therefore, a most dangerous source of supply. It is by no means always possible to detect organic impurities by the taste or smell, hence families who have such a water supply, may have been drinking sewage for years without knowing it.

Deep, or artesian, wells, going beyond bed rock, may or may not be pure, according to the geological formations through which the well is drilled, but as a rule deep wells are free from organic matter.

THE DAWN OF PATHOLOGICAL ANATOMY.

It might be said that Pathological Anatomy had its dawn in the Sixteenth Century—at least it won a beginning. This, however, was rather the result of the search for curiosities, so prevalent at that time, than the natural consequence of the active anatomical zeal of the age, or of any investigations having directly in view the development of pathological knowledge and the advancement of practice. It too was chiefly employed in the refutation of the views of the ancient physicians, and thus, like most every thing else in the 16th Century, acquired a reformative significance. The human body was investigated particularly for stones and concretions. Stones of the kidney, bladder, lungs, gall-bladder, tongue, brain, etc., etc., were found, and this fact worked against Galen, who admitted the existence of the first two varieties only. Here too it was a question of the observation of reformative facts in medicine, and Benivieni, Kemetmann, Dodvens and Donatus were particularly active in the work. The possibility of the continuance of life with abscess, etc., of the heart, which had been denied by Galen, was also demonstrated. Ulcers of the stomach, degenerations of the kidneys and hypertrophy of the bladder, with simultaneous ulcerations of the urethra, resulting from gonorrhœa, hydrometra and other pathological lesions, were observed by Dodvens, who has been already mentioned. More extensive advances in pathological anatomy were made by Schenck, Von Grafenberg (who published the first case of cystic mole) and Felix Platter, "who, in 51 years dissected 300 bodies, was the teacher of all Europe and yet left to posterity not one single truth,"

a fate which he shared with many others, for it is not every one who can find truths. Of special distinction in this department were Gaillamue, Baillou, Forest, Fernel and others. Koyter's observations on the changes observed in the brain and spinal cord after delirium, convulsions and paralysis, are surprising for their delicacy.

DEATH OF DR. LOOMIS.

Dr. Alfred L. Loomis, M. D., LL.D., died at his home in New York on the 23d of January, as the result of Acute Lobar Pneumonia. He was born in Bennington, Vermont, on October 16th, 1831, being 63 years old at the time of his death. He was graduated from Union College, and in 1850 he went to New York and studied medicine with the late Dr. Willard Parker, In 1852 he received his medical degree from the College of Physicians and Surgeons. Immediately after his graduation from the College of Physicians and Surgeons he served two terms on the house staff of the Wards Island and Blackwell's Island hospitals. He then entered upon private practice in New York and devoted himself more particularly to the study of the physical diagnosis of diseases of the chest, a branch of medicine in which he soon won distinction and eventually unexcelled eminence. The disease with which Dr. Loomis died was one of his pet lectures, also, was diphtheria.

It was not (N. Y. Med. Journal) at first, however, that he was enabled to teach this department of practice—according to the writer's earliest remembranee of him as a teacher, he was giving clinical lectures on venereal diseases in the Charity Hospital, now known as the City Hospital, on Blackwell's Island. He was subsequently appointed a physician to Bellevue Hospital, and held the appointment up to the time of his death. In 1862 he was appointed lecturer on physical diagnosis in the College of Physicians and Surgeons. In 1866 he was made adjunct professor of medicine in the Medical Department of the University of the City of New York, and subsequently he was appointed professor. He held the chair of medicine for the rest of his life, and it was his didactic instruction in the college and his clinical teaching in the wards of Bellevue that he made himself felt in the profession. He was a member of many medical societies and a consulting physician to various hospitals. He was president of the New York Academy of Medicine for two terms at a point in its history when much energy, intensity of purpose, and sagacity were called for to guide it in safety through the perils of financial undertakings that could not have been much extended without crippling it. Well has the present president of the academy, in the inaugural address published in this issue of the Journal, spoksn of him as "the sagacious Loomis."

Dr. Loomis was not endowed by Nature with that suavity and grace of deportment by which many a physician of mediocrity has attained to a

remuuerative practice with comparatively slight effort; he really "climbed over the shoulders of the poor into the pockets of the rich," and the process was not a speedy one. The greater portion of his professional career, therefore, was one of hard work and poor pay, but his progress was steadily if slowly upward, and during the later years of his life he was one of the best patronized consultants in New York. It was his real worth, not the glamour of his persanality, that gave him his eminence. His loss is serious to the community, to the profession, and especially to the school of whose faculty he was the shining light. His memory will be fitly perpetuated by the Loomls Laboratory attached to that school.

SMALL WOUNDS ARE DANGEROUS.

Many lives are lost each year in consequence of the lack of a little common-sense respecting simple cuts or wounds on the hands or other parts. Several cases have been recorded of inquests relating to persons who have died from blood-poisoning, arising from small cuts on the hands. The history in all of these cases varies but little, and is practically the same. A man, for example, while working at his trade, or even while carrying out the simple detail of cutting a piece of bread, receives a small cut on the hand. The injury is so trivial that anything is considered good enough with which to stop the bleeding; and, this end having been attained, no more is thought of it. The small wonnd is left to take care of itself, and is exposed to all sorts of filthiness and sources of infection. By good luck, nothing may happen; but it would be well to bear in mind that from the most trivial injury to the skin acute septicæmia may supervenc, and may rapidly be followed by a fatal termination. By thorough attention to cleanliness the untoward consequences of a wound liable to become infected can be effectually prevented. On the other hand, when the septicæmia attack has declared itself, as a rule, little can be done by the surgeon to stem the virulence with which it develops. It should, therefore, be borne in mind that so long as wounds remain unhealed, the risk of contracting blood-poison will always be present.

IT IS HEALTHY FOR CHILDREN TO LAUGH.

An eminent surgeon once said: "Encourage your children to be merry and to laugh aloud; a good, hearty laugh expands the chest and makes the blood bound merrily along. Commend me to a good laugh—not to a little, sniggering laugh, but to one that will sound right through the house; it will not only do your child good, but will be a benefit to all who hear, and be an important means of driving the blues away from a dwelling. Merriment is very catching, and spreads in a remarkable manner, few being able to resist the contagion. A hearty laugh is delightful harmony; indeed, it is the best of all music."

THE ANTITOXINE TREATMENT IN OTHER COUNTRIES.

FRANCE.—On December 22d, 1894, the French Chamber of Deputies unanimously passed a bill providing for the allocation of a sum of 200,000 francs (£8,000) as "a subvention to the Pasteur Institute for the purposes of the sero-therapeutic treatment of diphtheria."

In accordance with an arrangement arrived at between the Pasteur Institute, the city of Paris, and the department of the Seine, a Vaccine Institute against Diphtheria has been founded. The city of Paris undertakes all the expense of installation, and of the 20,000 francs (£800) a year required for maintenance, 15,000 francs (£600) will be provided by the city and the remainder by the department of the Seine. The object of the new institute is to furnish a supply of serum to all the communes of the department.

ITALY.—The cities of Padua and Venice have joinly contributed a sum of 12,000 lire (£480) to enable Professor Bonome, Director of the Pathological Institute of Padua, to prepare serum for experimental purposes. If his report be favorable a serotherapeutic institute will be in all probability be founded in Padua. Professor Bonome has already four horses in process of immunization.

It has been stated, however, that the new treatment is of a somewhat febrile type in Italy. Institutes are being precipitately founded all over the country before the materials for a definitive judgment on the value of the treatment are available.

RUSSIA.—The serum treatment has been tried in Russia with good results. One of the first places where it was used was Reval, where the local practitioners seem to have clubbed together to obtain a supply of Behring's serum from Hochst. The remedy was successfully employed in two cases of severe diphtheria (proved bacteriologically) in children aged respectively 2 and 16. In the young child a scarlatina-like eruption came out on the eleventh day, and disappeared completely in thirty hours.

CUBA.—At Havana a serotherapeutic service has been established in the bacteriological laboratory of *La Cronica Medico-Quirurgica de Habana.*

CAPE COLONY.—At the Cape the acting Colonial bacteriologist, Dr. Black, has been instructed to prepare, with the means at his disposal, some "toxin," with a view to the inoculation of animals and the preparation of immunised blood serum. Dr. Edington is visiting the Pasteur Institute and other similar institutions, in order to make himself acquainted with the details of preparation. Supplies of toxin and antitoxin have been ordered from England to serve the purpose of standard preparations. The South African Medical Journal states that the Government of Cape Colony is maturing a plan whereby the necessary equipment for making cultures

for the bacteriological diagnosis of diphtheria will be kept at convenient stations—usually chemists' shops—throughout the Cape peninsula for the use of practitioners. After inoculation the tubes will be sent to the Bacteriological Institute at Graham's Town, where the cultures will be examined and the result telegraphed to the practitioner. The results of the working of this system in the peninsula will decide whether it shall be extended to the rest of the Colony.

ATHLETICS IN CHILDHOOD.

An eminent Paris physician, in an article on this subject, showed that the period of growth created certain morbid predispositions, and under such conditions it is easy to understand how excess in physical exercise may be followed by serious consequences. After violent games of football, tennis, or the too prolonged use of the bicycle, the fever of over-exertion may supervene, with the complications that accompany it, as prostration, curvatures, pain, dyspepsia, dilatation of the heart, palpitations, syncope and articular inflammation.

The author, therefore, believed it of great importance for parents to have their children examined before allowing them to give themselves up to any particular sport, and to forbid it if there be any trouble of the circulatory, locomotor, digestive, or nervous system; to insist upon progressive and gradual increase of the exercise, whatever it be; and, while encouraging athletics and gymnastics, to forbid any competition in these sports.

YOUNG CHILDREN'S EYES.

Prof. Preyer says that an infant a few days old can't see, but believes that a sensibility to light exist from the moment of birth, and that the sensibility to light is more alive to the sense of feeling than to that of sight. An infant from the first closes its eyes when exposed to a strong light. With regard to actual sight, as denoted by the fixing of the eyes on objects, Preyer believes that it is usually about the twentieth day. Different authorities, however, have different views on this point. Many believe that it is four weeks before the sense of sight comes into full opperation. Others believe that an infant can see at the age of ten days.

THE following kind words, coming as they do from an eminent journalist, is certainly a compliment that we much appreciate: "Among the valuable exchanges which we have added to our list for 1895 is the Charlotte, North Carolina, MEDICAL JOURNAL. It is one of the neatest medical publications in America, and in no respect is it behind northern and eastern journals. It suffers none in comparison with the medical journals which bear a wider reputation. Its general appearance would indicate that it is well supported by the profession, and hence must be what it seems, a truly metropolitan journal."—The Western Medical Journal.

THE NERVOUS SYSTEM ITS COURSE OF DISEASE.

In the consideration of the problem of disease, sufficient importance is not attached to the nervous system as an etiological factor.

It has been found by experimental analysis that the chemical composition of the persiration varies greatly with the passions and emotions under which the individual labors. Reasoning by inference, may not the same be said of other sections? Certainly we know that toxic changes occur in human milk as the result of great anger, and the depressing emotions entirely check gastric secretion and render the mouth foul. The influence of fright in causing the hair to stand, the skin to assume the appearance of goose-flesh, and the muscular system to become generally paralysed, is well known. It is also true that suspense and disappointment give rise frequently to excessive micturition and emotional diarrhœ.

If, then, the emotions have such power to influence bodily functions and change the secretions, may not the development of toxines be traced to this source? It would be interesting, in this connection, to know whether the emotional temperament is more prone to disease than the phlegmatic individual.

BABY'S FOOD.

The baby's milk should always be boiled, so as to destroy any germs which are apt to be in it. A regular hour for feeding the baby is of great importance, as feeding it every time it cries is not only bad as a habit, but in time will produce indigestion. It is always necessary to have two nursing bottles, so that they can be kept thoroughly clean. Boiling water is the best cleanser for this purpose. A child should never be fed hurriedly and should always be taken up from the cradle, and when he has had enough, put back again to sleep; and it is a bad habit to leave the bottle in bed with a child, as it is apt to fall asleep, and upon waking, drink part of the milk which is cold or partly soured. Old milk should never be warmed up, but fresh milk prepared each time.

DR. R. L. PAYNE, JR.

Dr. R. L. Payne, Jr., of Lexington, N. C., and one of the leading physicians of the Piedmont section, was a most welcome visitor to the JOURNAL office a few days ago. Dr. Payne is not only recognized as a physician of great ability, but his reputation as a surgeon is no less great He has been very successful with many grave and difficult operations. May success ever attend him in his bright future.

DR. JAMES WEIR, Jr., of Owensboro, a regular contributor to this Journal, has been tendered the chair of Nervous and Mental Diseases in the Gross Medical College of Denver, Colorado, by the Dean of that College, Dr. F. H. Hawkins. The Doctor has not as yet accepted the call.

OYSTERS THE CAUSE OF TYPHOID FEVER.

Some time ago an epidemic of typhoid fever at Middletown, Conn., was traced to eating raw oysters. It was learned that the dealers were in the habit of depositing their stock of oysters in the mouth of a little river, and that a private sewer discharged its contents just above the bed; further, that the excreta of a typhoid fever case had been passed through the sewer; hence the contamination.

Thus the necessity of government control of all streams, and prevention of contamination, becomes more imperative day by day. We do not see why it is that the same precautions are not taken with typhoid fever as with cholera, diphtheria, scarlet fever and small pox. It is a disease dangerous to public health; the poison is known to be in the dejecta, and and it is known also that a person must swallow that poison in order to get typhoid fever. It would seem almost criminal, therefore, that through neglect of nurses and others in charge of a case, innocent persons should be subjected to the possibility of swallowing this poison. To throw the dejecta of typhoid fever patients where it can get into running water, should be made an indictable offense.

It is the duty of every physician to impress upon the public mind the necessity of destroying the dejecta of typhoid fever.

A French contemporary recently published an important case in which a man suffering from inflammation of the lungs developed a swelling of one knee, due to effusion into the joint. Some of the fluid was removed and was found to contain the bacillus, which is regarded as typical of pneumonia. Experiments made with the fluid by inoculating a mouse with one drop, showed that the animal speedily died of that lung disease. It is not unusal for patients suffering from pulmonary inflammation to develop inflammatory conditions in other organs, and it is known that, in some cases, inflammatory effusion into one of the larger joints occurs. It would seem that such cases are rather of the nature of blood-poisoning, and that the secondary affection is limited to one or two joints, for some reason which is not at present clearly understood. The fact proves the importance not only of modern bacteriological examinations, but also of most careful observation on the part of the physicians, in cases of pneumonia, and especially those of a low type, as to any secondary trouble which may occur; because it has been known to happen that a joint-swelling overlooked, and therefore neglected, has progressed onwards to distinct suppuration, with the result that, finally, amputation of the limb had to be performed.

Doctor J. Douglas Westervelt, Jr., of Texas, reports having dilated and curetted the wombs in three cases of Endometritis without giving an internal or using an external anesthetic.

The operation was attended with very little pain, and the results were charming.

THE FIRST CÆSAREAN SECTION.

The first Cæsarean Section on the living and parturient woman was practiced by the sow-gelder, Jacob Nufer, of Sieger Shausen, in Thurgan, upon his own wife, about the year 1500. After thirteen midwives and several lithotomists had endeavored in vain to relieve her, her husband, having invoked the assistance of God and obtained the special permission of the Governor of Franenfeld, operated "just as on a sow" with such good fortune that the mother survived to the age of 77, and was able subsequently to bear several children, and even twins in the usual way.

The New York City Board of Health has issued a circular calling attention to the necessity of immediate steps being taken to supervise in the most careful manner the sale of diphtheria antitoxin in New York, Systematic inspection and scientific examination of the various preparations offered for sale are urged as necessary measures, and in the event of fraud being discovered in the offering of preparations either spurious or of doubtful strength, it is suggested that the Board should institute criminal proceedings against offenders. Dr. T. Mitchell Prudden, Consulting Physician to the Health Department in the Division of Pathology, Bacteriology, and Disinfection; and Dr. Hermann M. Biggs, Pathologist and Director of the Bacteriological Laboratory of the Department, have been requested to prepare a plan for the determination of the strength and purity of the various preparations of antitoxin offered for sale (or hereafter to be offered) in the city of New York, so that the public may have some guarantee of the genuineness of the antitoxin.

The municipality of New York has placed a sum of 30,000 dollars at the disposal of the Board of Health for the application of the treatment.

The Massachusetts State Board of Health has several horses already undergoing immunisation, and expects in time to be in a position to supply considerable quantities of antitoxin. The Boston Board of Health is also "getting ready" to furnish a supply to the public institutions of the city.

At New Orleans twenty-four cases of diphtheria have been treated with antitoxin, with three deaths. The cases were not selected, but with one exception the regulation local and general treatment was vigorously carried out in all of them. In the case treated by antitoxin alone the treatment was successful.

Dr. John Thames, formerly of Concord, N. C., has moved to Lexington to take charge of Dr. W. B. Crawford's practice until the latter's health improves. We are certainly sorry to hear of Dr. Crawford's ill health. He is by far one of the best and most active practitioners in this State, and we hope that this greatly needed rest will be the means of restoring his health.

CAUSES OF DISEASE.

The three most common predisposing causes of disease are the excess of heat, damp, and cold, the worst of all being the latter. The best rule to follow is never to allow the medium in which you live to draw away warmth from your body, but on the contrary, to make it supply you with this necessary of life. The only exception is that of muscular action—this engenders caloric, and then a fire may be dispensed with; but as soon as the body returns to its normal condition it should immediately be transferred to a warm atmosphere until the skin has returned to its usual state. In a word, the system ought always, in summer as well as in winter, to be protected from chill.

KISSING THE DEAD.

This custom, to which many yield in their affectionate devotion to the deceased loved ones, carries with it dangers to which every physician should call the attention of the public. It does not make any difference about the nature of the disease that produced death—whether contagious or not—the body of a dead person is not a very salutary object. It is no unusual thing to see an entire family lingering around the coffin kissing the features of the dead one. Many times subsequent cases of sickness may be traced to just such actions.

DR. W. P. PEMBERTON.

We were very glad indeed to receive a call from our friend, Dr. W. P. Pemberton, of Monroe, N. C., last week. Dr. Pemberton is a very near neighbor. He has a large and lucrative practice in Monroe, and we trust that he may ever be prosperous and happy.

We have noticed in several of our exchanges that a movement is on foot to present a testimonial to Dr. John S. Billings on the occasion of the completion of the Index Catalogue of the Library of the Surgeon-General's Office, United States Army.

During the fiscal year ending June 30th, there were added to the Library of the Surgeon General's Office 1,082 medical journals, 214 volumes of *Transactions*, 346 bound pamphlets, 2,272 medical books of other kinds, 2.258 medical theses, and 9,053 medical pamphlets. At the close of the year the Library contained 33,297 medical journals, 4,913 volumes of *Transactions*, 1,663 bound theses, 2,604 bound pamphlets, 72,090 medical books of other kinds, 52,218 medical theses, and 127,560 pamphlets, a grand total of 183,778.

The Registrar-General reports that in London, for the week just ending, there were 3,085 births, and 1,462 deaths.

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Black Haw	55 Grains.
Blue Cohosh	28 "
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BOOK REVIEWS.

A Monograph on Diseases of the Breast. *Their Pathology and Treatment*, with Special Reference to Cancer. By W. Roger Williams, F. R. C. S., Late Surgeon Western General Dispensary, and Surgical Registrar Middlesex Hospital, with 77 Figures. London: John Bale & Sons, 87-89 Great Titchfield Street, Oxford St. W. 1894.

This book contains 572 pages and is an extremely satisfactory book. It is very clear and comprehensive in its statements of facts, and logical in its deductions. It shows wide research and an extensive acquaintance with the literature of its subject. The author has had an abundance of clinical personal observation, thus fitting him specially for the production of this volume. The first six chapters are devoted to ontogeny, morphology, histology, mammary variations, and mammary hypertrophy. These are six very interesting and important chapters. That part of the work which is of very great importance is the section on paramamary neoplasms arising from supernumerary mammary structures. This chapter begins Cohnheim's theory that, in the development of every part of the body, portions of the matrix becomes sequestrated and remain disseminated in the adjacent tissues, afterwards developing into neoplasms.

Chapter III takes up the subject of neoplasms of the breast and their relative frequency. One of the most interesting of the author's views is upon the pathogeny of cancer. The author's view is expressed thus:

"The process by which cancers and other neoplasms arise may be regarded as a kind of abnormal generation, the tumor being the result of this modified, super-induced repetition of the developmental process, and its qualities the result of the grade of organization attained," the genesis of cancer being a phenomenon of the same order as discontinuous growth in general.

The question of the origin of malignant from non-malignant neoplasms is the subject of a thorough study also. He says that "since innocent neoplasms may inflame, suppurate, ulcerate, necrose, and degenerate just like physiological parts of the body, it seems not unreasonable to suppose that they may also become the seat of malignant disease." After reviewing the clinical facts which he has been able to gather bearing on the question, he came to the conclusion that, while the possibility of benign neoplasms taking on malignant characters later in life is undeniable, they are not specially prone to do this, and that non-malignant mammary neoplasms are less liable to originate cancer than are the glandular elements of the breast itself.

Chapters IX and X, devoted respectively to the morphology and the general pathology of mammary cancer, are among the best in the book, and are worthy of repeated reading and close study, being the foundation as they are of all rational and successful treatment.

Villous duct cancers, cancer of the mammary integument, cancer of

the male breast, and sarcoma of the breast are each treated of at length in following chapters. The non-malignant tumors are then taken up, including those of the axilla. A discussion of inflammatory and suppurative diseases of the breast follows in order. Mammary tuberculosis is quite fully described, and a brief mention of syphilitic and diphtheritic affections of the breast is given. The concluding chapter is devoted to traumata, neuroses, and minor surgery.

The book is carefully printed, well bound, and superbly illustrated. It is, without a doubt, the finest presentation of the present erudition of knowledge on the pathology and treatment of diseases of the breast that has ever appeared in the English language.

THE DISORDERS OF SPEECH. By JOHN WYLLIE, M. D., F. R. C. P. Ed., Physician to the Royal Infirmary, Edinburg, etc. Edinburg: Oliver & Boyd, 1894. Pp. viii—195.

The disorders of speech is a subject upon which very little is written, simply from the fact that it is a difficult subject, and very little is known about it. This large and handsome books opens up new ideas and gives new truths regarding this all important study. The author has accomplished the laborious task in a most excellent manner. Part I. is devoted to the Functional Disorders of the vocal mechanism, with three sub-chapters treating Stammering, Physiology of Whispering, and the Trouble of Professional Voice Users.

Part II. treats of the Development of Speech; and the Developmental Derangements with four sub-chapters on Sketch of the Development of Language in Normal Child. The Three Functions of the Voice, Dumbness in Persons not obviously Imbecile, etc. Tne Development of Speech in the Human Race, etc.

In part III. is discussed the very important subject of speech in its relations to Diseases of the Nervous System, with sub-chapters on speech in its Relation to Insanity, Aphasia, etc.; Aphasia in Relation to Organic Diseases of the Brain, Auditory Aphasia, Conduction Aphasia and Visual Aphasia, Graphic-Motor Aphasia, Dysarthric and Anarthric Disturbances of Speech due to Lesions affecting the Motor Speech-Tracts. The book has a fine Appendix, the last 21 pages being occupied with a graduating thesis on the physiology of the Larynx.

A more valuable work could not be put before the profession. Every derangement of speech is given clearly and in the most practical manner. The work is nicely illustrated in a good many instances. It contains about 500 pages, printed in good clear, easily read type, on strong white paper with durable binding. He who examines the work will be well pleased with it, and we hope our American readers will see that it is to their interest to obtain a copy at an early day.

PRACTICAL MANUAL OF THE DISEASES OF WOMEN AND UTERINE THERAPEUTICS. By H. MACNAUGHTON-JONES, M. D., M. Ch., M. A. D.; (Hon. Caus.) Sixth edition. London, England: Balliere, Tindall & Cox, 20 King William Street, Strand.

There have been six editions of this work within the past ten years. Can any book receive greater praise than this. During this time the department of medical science of which this book treats has made most rapid strides. This is true whether we regard gynecology from a pathological, clinical, or operative aspect, It commends itself alike to the gynecologist as well as the student, for there is much in it of interest to both.

This edition, compared to other editions, is comparatively a new book. It has been re-written, completely re-arranged and re-illustrated. Considerable additions have been made, especially in the pathological and surgical portions, to keep pace with the rapid advancement in those branches of gynecology. Several new chapters on uterine reflexes, and ligatures, the surgical treatment of uterine fibromato, affections of the fallopian tubes, tubal pregnancy, and ovarian affections have been added. The book is liberally illustrated and the type is good, the engraving clear and the book compact. It is a handy and not too bulky a manual, and will be found useful as a safe guide by the practitioner, and as an assistance in the study of this branch of his profession by the student.

HISTORICAL MEMORIALS OF WESTMINSTER ABBEY. By ARTHUR PENRHYN STANLEY, D. D., Late Dean of Westminster, Corresponding Member of the Institute of France. Illustrated Edition. Vol. I. and II. New York: Anson D. F. Randolph & Company. Incorporated, 182 Fifth Avenue.

Volume I. is divided into four chapters as follows:

Chapter I. The Foundation of Westminster Abbey. In this chapter the author gives the hpysical features of London and Westminster. He describes the Thames, the hills and streams, the Island of Thames, the spring. Among many other interesting data in this chapter is the Temple of Apollo; Edward the Confessor, his outward appearance, his character, his motives in the Foundation of the Abbey; end of the Confessor; effects of his character on the foundation.

In chapter II. the following great historic features are given: The Rite of Coronation, Coronation of William the Conqueror, of William Rufus, of Henry I., of Stephen, Henry II., Richard I., of John, Henry III.; the Coronation Stone; Coronation of Edward II., Edward III., etc., etc.

Chapter III. The Royal Tombs. The burial places of Kings are always famous. The oldest and greatest buildings on the earth are the Tombs of Kings—the Pyramids.

Chapter IV. The Monuments. The Peculiarity of the Tombs at Westminster; Burials in the Cloisters; Ladies of the Tudor Crest; Elizabethan Magnates; Flemish Heroes; Courtiers of James I.; Courtiers of Charles I.; Magnates of the Commonwealth; The Chiefs of the Restoration; Heroes of the Dutch War; Thomas Thynne; The Revolution of

1688; Statesmen of the House of Honor; Soldiers, Sailors, Indian and American Wars. The first portion of this volume occupies 15 pages in a Chronological Table, which adds much to the book. General dimensions of the Abbey Church are given.

Volume II. The opening chapter of Volume II. is a continuation of the last chapter in Volume I, It continues the discussion of the Monuments, the Modern Statesman, Indian Statesman, Philanthropists, Poets Corner, Historical Aisle, Theologians, Men of Letters, the Actors, Musicians, Artists, Men of Science, Physicians, Practical Science, the Nobility, etc.

Chapter V, Volume II,, considers the Abbey before the Reformation, the Monastery, the Abbots, the Monks, the Monastery Precincts, the Sanctuary, etc.

Chapter VI. considers the Abbey since the Reformation, the Dissolution of the Monastery, the Revival of the Abbacy, the Deans, Dean William, etc.

I have given above a brief outline of the different headings with their sub-divisions. It seems impossible to publish two volumes that can surpass these in points of interest, historic renown and general information. Volume II. has a fine index for the two volumes. Volume I. contains 324 and Volume II. 420. Both are well illustrated, beautifully printed and handsomely bound in red. The Abbey of Westminster has been always held to be the greatest sanctuary and rendevous of devotion of the whole island: wherunto the situation of the very place seems to contribute much and to strike a holy kind of reverence and sweetness of melting piety in the hearts of the beholder. We cheerfully recommend these two volumes to any reader who does not already have them.

HISTORICAL MEMORIALS OF CANTERBURY. By ARTHUR PENRHYN STANLEY, D. D., Late Dean of Westminster, Formerly Canon of Canterbury. Second American Edition, with Illustrations. New York: Anson D. F. Randolph & Co., Incorporated, 182 Fifth Avenue.

This book is divided into five sections, or chapters: The Landing of Augustine, the murder of Becket Edward, the Black Prince; Becket's Shrine. There are five great landings in English history, each of vast importance—the landing of Julius Cæsar, which first revealed us to the civilized world, and the civilized world to us; the landing of Hengist and Horsa, which gave us our English forefathers and our English characters; the landing of Augustine, who gave us our Latin Christianity; the landing of William the Conqueror, which gave us our Norman Aristocracy; the landing of William III., which gave us our free constitution. In the first section the writer devotes only a few pages to the character of Gregory the Great. He exhibits in full detail the earliest traditions of England and the Canterbury respecting the mission of Augustine, and the successive steps by which that mission was established in Kent. The Se

cond Essay, or Section, the murder of Becket appeared in the "Quarterly Review," September, 1853. Since then it has been considerably enlarged. While the general merits of the controversy between Henry II. and Becket have been avoided, the author gives the facts of the closing scene.

The subject for the Third Essay is Edward, the Black Prince. Very little now can be said of the Black Prince—the incidents which form his connection with Canterbury are given. The Shrine of St. Thomas of Canterbury is the subject of the Fourth Essay. The story of the Shrine of Becket was an almost necessary complement to the story of his murder.

This book contains 361 pages, is nicely bound and excellently printed. Few books in the English language has connected with it more history, more interest than the present volume. It should be read and found in every library.

NOTES ON THE NEWER REMEDIES. By DAVID CERNA, M. D., Ph. D. Second Edition. Enlarged and Revised. Philadelphia: W. B. Saunders, 925 Walnut St. 1895.

About two years ago we received the first edition of this very useful little book, now the second edition is before us. It has been thoroughly revised and many of its articles entirely rewritten. It is up to date in every respect. The most recent physiological and therapeutic data concerning some of the newer drugs (antipyrin, chloralamid, chloride of ethel, hydrastine, iodol, etc.,) is given it this second edition. This edition contains 253 pages, alphabetically arranged as to the remedies, which makes it easy of access. As regards weights and measures both the metric and aphothecaries are employed. Special attention is given to the therapeutic application of newer remedies and their modes of administration. Whenever possible points are given in regard to the origin, physical properties, and solubility of the medicaments considered. Any one can readily see the great need of such a work. We gladly commend Dr. Cerna's book as reliable, and can be used to great advantage.

LONG'S SYLLABUS OF GYNECOLOGY, arranged in conformity with The American Text-Book of Gynecology. By J. W. LONG, M. D., Professor of Diseases of Women and Children, Medical College of Virginia, etc. Price, $1.00 net.

The author states that this Syllabus of Gynecology has been written with a three-fold object: First. to be used as lecture notes; secondly, to enable the student more intelligently to follow and remember the lecture; and, finally, as a convenient reference for practitioners. Students attending lectures often find it difficult and almost impossible to get the entire lecture from the Professor, but by having the Syllabus before him he can follow the lecturer, can add anything he wishes on the insert leaves. The book is based upon the American Text-Book of Gynecology. At the bottom of each page will be found referrences to the corresponding pages in the larger work. This Syllabus contains a storehouse full of information in a systematic and condensed form. Any one can but see the great use-

fulness of the Syllabus if he will only examine it. It contains 133 pages, arranged in convenient flexible back so as it can be carried in the pocket without trouble. The subject is presented in a systematic, clear, succinct and practicable manner.

THE DISEASES OF THE WILL. By TH. RIBOT. Professor of Comparative and Experimental Psychology in the College De France. Authorized Translation from the Eighth French Edition, by MERWIN MARIE SNELL. Chicago: The Open Court Publishing Company. 1894.

The little book is divided into five chapters with an introduction. The first 27 pages is devoted to the Introduction, under which the Diseases of the Will is treated in the spirit of *dissolution.*

Chapter I. Impairments of the Will—Defect of Impulse.

Chapter II. Impairments of the Will—Excess of Impulse.

Chapter III. Impairments of Voluntary Attention.

Chapter IV. The Realm of Caprices.

Chapter V. The Extinction of the Will—Conclusion.

"The Will is the final term of a progressive evolution of which the simple reflex is the first. It is a hierarchic co-ordination. The Will is a mere statement of Consciousness which has in itself no efficacy to produce a movement or an inhibition."

SELECT POETRY OF NORTH CAROLINA. Compiled by HIGHT C. MOORE.

This book should be found in every library in North Carolina. It is a compilation of the Cream of Poetry in North Carolina. It meets a long felt want in our literary circles. Until this book is read few imagine how much pretty and valuable poetry has been written by North Carolinans. The book contains 220 pages. Is nicely printed and well bound, making a neat volume for the library.

THE STORY OF A BAD BOY. By THOMAS BAILEY ALDRICH. Illustrated by A. B. FROST. Boston and New York; Houghton, Mifflin & Company. Price, $2.00.

"My name's Tom Bailey; what's your name?" If any one could see the illustration of the above phrase in this book they would immediately buy it to read. This book appeals directly not only to the sense of youthful readers, but to the sympathy of such men and women who remember that they were once young. This work has become a classical addition to the literature of boyish life in its New England manifestations. It is interesting from beginning to end. It carries you back to scenes of your boyhood days. The description of his very early life, when he leaves New Orleans for his Northern education, his trip on the boat, his first impressions of Boston, his ride to Rivermouth—the once famous Sea Port Town for West India, but now the ghost of the old dead West India trade—the Nutter House and family, and his entrance to school, is very graphic and real. He who begins the book will be certain to finish it. The new edition is enriched by a happy bit of prefacing, and by sixty designs of

A. B. Frost's illustrations, some of them memorable situations in Tom Bailey's career at Rivermouth.

GARDNER'S CHEMICALLY PURE HYPOPHOSPHITES AND SYRUP OF HYDRIODIC ACID. Therapeutic Indications with Clinical Data. Edited by R. W. GARDNER, Pharmaceutical Chemist. Seventh Edition. 158 William Street, New York. 1895.

Probably no medicines in the whole materia medica have so wide a field of usefulness, and are administered in a greater number of diseases, than the hypophosphites and iodine, and the voluminous reports of successful cases treated, which are embodied in this pamphlet, only emphasize this fact. Complete and thorough descriptions of the different preparations of Gardner's hypophosphites and hydriodic acid are given. They have been arranged under the various pathological headings and frequently accompanied by an analysis of their therapeutic action. This little work contains the reports of eminent physicians who have used these preparations and assert that they are of the highest standard. The book contains also a good clinical index which will facilitate quick reference. The diseases have been alphabetical arranged in order to facilitate study and reference. Much time and study has been expended upon this work. This book will be sent only to physicians upon request and receipt of their card. Every physician should have the book and read it. It is not only a little book of great usefulness, but is a real nice volume to have in the library.

The F. A, Davis Company, the well-known publishers of Philadelphia, announce that they will start the new year by issuing early in February a companion book to Dr. R. von Krafft-Ebing's famous treatise "Psychopathia Sexualis," entitled "Suggestive Therapeutics in Psychopathia Sexualis," This book will contain about 325 pages, and will be sold by subscription only at $2.50 per volume in cloth. We look forward to its appearance in print with much pleasure.

Reprints.

Ectopic Pregnancy—Brief Review of Seven Cases, with Remarks on Diagnosis and Treatment. By R. R. Kime, M. D., Atlanta, Ga.

Semi-annual Announcement of the Eclectic Medical Institute, Cincinnati. 102d Session—1895–1896. Begins September 16, 1895, and continues Eight Months. Cincinnati, Ohio, February, 1895.

Hygiene of the Anus and Contiguous Parts. By J. Rawson Pennington, M. D., Chicago., Professor of Dermatology, Syphilology, and Diseases of the Rectum in the Chicago Summer School of Medicine; Member of the American Medical Association, Mississippi Valley Medical Association, Illinois State Medical Society, Chicago Medical Society, etc. Re-

printed from the Journal of the American Medical Association, January 12, 1895.

Literary Notes.

The Medical and Surgical Reporter of Philadelphia ends the Forty-second year of its consecutive publication with its issue of December 29th. The chief editorial in this number is devoted to a review of the advances made in Medicine and Surgery during 1894. In speaking of Medical Literature the editors say :

" 'Of the making of books there is no end,' thanks to the provision of generous publishers, and the literary crop of the year contains some wheat among the tares. A few works have been issued in special lines whose value justifies their existence. For pronounced excellence, general utility and widest application, Dr. Gould's new medical dictionary deserves specific mention among the publications of 1894."

LIPPINCOTT'S MAGAZINE FOR FEBRUARY, 1895.—The complete novel in the February issue of Lippincott's is "The Chapel of Ease," by Harriet Riddle Davis. It is a pleasant, peaceful story of rural life in Maryland, and of a young widow's somewhat complicated love-affair.

Francis Lynde, in "Quong Lee," shows that there are some good Chinamen. "A Precedent," by Alice M. Whitlock, narrates an unusual incident in a home for aged glergymen and widows of clergymen. In "An Idyl of the Forties," Champion Bissell points the consoling moral that men should marry the daughters of their first loves.

"The Fate of the Farmer," by Fred Perry Powers, is an instructive essay on the growing evils of agricultural tenancy. David Bruce Fitzgerald, in a brief and readable article, tells all that most people need to know about "The Diamond-Back Terrapin." Mrs. Caroline Earle White describes the festival of "Corpus Christi in Seville," and Dr. Charles C. Abbott shows what one who has eyes and a love of nature may see during "A Walk in Winter."

Under the heading, "Lingo in Literature," William Cecil Elam, a Virginian, exposes the blunders made by many writers, even those of repute, in trying to reproduce negro dialect. He speaks by the card and with authority on a topic which (in fiction) is usually handled in a happy-go-lucky, hit-or-miss, guess-it-will-come-out-right manner.

Annie Steger Winston discusses "The Pleasures of Bad Taste" with much acumen. "The Beginnings of a Cavalry Troop," by Kenneth Brown, is an amusing *jeu d'esprit.*

The poetry of the number is by Florence Earle Coates, Carrie Blake Morgan, Edith M. Thomas, and Richard Stillman Powell. The latter pays a deserved compliment to Mr. Stanley Weyman's novels.

THE POLULAR SCIENCE MONTHLY FOR FEBRUARY, 1895.—A varied and attractive table of contents is offered by The Popular Science Monthly for February. Prof. James Sully opens the number with one of his Studies of Childhood entitled First Attacks on the Mother Tongue. It deals with the struggles and the amusing mistakes and vagaries of children in learning the speech of their elders. A Day's Hunting among the Eskimos, by Fridtjoy Nansen, follows. It is a vivid story of Greenland life, with several striking illustrations. The Serum Treatment of Diphtheria, which is rapidly making "antitoxine" a household word, is described by Dr. Samuel T. Armstrong, of the Contagious Diseases Hospital, New York. An article on The United States Geological Survey, describing its organization and work, and telling something of its plans for the future, is contributed by the new director, Mr. Charles D. Walcott. Under the title Nature's Triumph, the way in which tropical vegetation resumes sway over an abandoned clearing is picturesquely described by James Rodway. Mr. Garrett P. Serviss continues his examination of the starry heavens in his Pleasures of the Telescope series. M. Henri Coupin describes a series of experiments on The Thorns of Plants. Certain tendencies and conditions of modern life are described by Prof. John W. Langley in an essay on Some Material Forces of the Social Organism. Hon. G. Hilton Scribner discusses Brain Development as Related to Evolution. Helen Zimmern gives an account of a work on Symbols by a rising Italian anthropologist. Other articles are Wind-mills and Meteorology, by P. J. De Ridder; and a Sketch of an early student of American fishes, C. A. Le Sueur, contributed by President Jordon, of Stanford University. The departments are well filled with a variety of interesting scientific matters.

New York: D. Appleton & Company. Fifty cents a number, $5 a year.

THE COMPANION'S CALENDAR.—The Youth's Companion has just published a calendar for 1805, which is a work of art—indeed, three works of art in one. Scenes typical of three seasons of the year, Winter, Summer, Autumn, are shown. The first picture represents a mother and son pausing in their walk in a snowy field, across which a rabbit is running, much to the amusement of the boy.

The artist in the summer scene has pictured three children rowing down a winding river; and were it not for the apples which fill the pan in her arms, one would scarcely imagine that the graceful girl in the third picture was typical of Autumn. Around the picture are grouped the monthly calendars, tied together by ribbons.

This attractive calendar and a full Prospectus for 1895 will be sent free upon application, to any one considering a subscription to The Com panion. From no other paper can so much entertainment and instruction be obtained for so little money (only $1.75 a year).

The Youth's Companion, Boston, Mass.

Late Literary News.—General Lord Wolseley makes a most important contribution to the literature of the China-Japan war. In an article for the February Cosmopolitan, he discusses the situation and does not mince matters in saying what China must do in this emergency. Two other noted foreign authors contribute interesting articles to this number. Rosita Mauri, the famous Parisian danseuse gives the history of the ballet, and Emile Ollivier tells the story of the fall of Louis Phillippe. From every part of the world, drawings and photographs have been obtained of the instruments used to torture poor humanity, and appear as illustrations for a clever article, by Julian Hawthorn, entitled, "Salvation via the Rack." Mrs. Reginald de Koven, Anatole France, W. Clark Russell, Albion W. Tourgee, and William Dean Howells are among the story tellers for the February number of The Cosmopolitan.

"The Progress of the World," in the Review of Reviews for February, commenting on the recent sudden change in the Presidency of the French Republic, suggests as a desirable improvement in the French system the separation of the legislative and executive departments of government. The editor of the Review, in the same department, discusses recent events in Hawaii and Japan, the condition of Armenia, the troubles in Newfoundland, and many other topics of world-wide interest. In the field of English politics, such subjects as the revenue returns, the London municipal elections, and the fortunes of the Liberal party are treated, while Continental affairs of the day receive due consideration. On the American side, the editor presents a timely summary of the present condition of the national treasury and demands that some means to secure revenue be devised by Congress before a plan of currency reform is permanently adopted; the changes in the composition of the Senate are noted, and State and municipal matters receive attention; numerous portraits accompany the crisp editorial paragraphs of which "The Progress of the World" is made up.

Antitoxine Serum.

Through the kindness of Lehn & Fink, of New York, we received a vial of Gebeier's Diphtheria Antitoxine, formula of Dr. Roux, made in New York at the Pasteur Institute. The serum is obtained according to the method of Dr. Roux, from the blood from horses which have been made immune by being injected with the toxine of diphteria for at least three months. It is transparent, yellow or redish in color, and is undiluted. It is supplied in bottles containing 25 c. c. each, which is sufficient to protect at east three adults and five children exposed to infection

Quinalgen==Dr. Vis.

Manufactured by DAHL & CO., Barmen, Germany

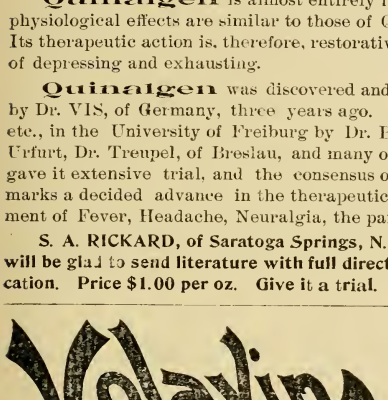
A new remedy for Rheumatism, Neuralgia, Sciatica, Asthma, Hay Fever, and applicable in all cases where pain of a Neuralgic character is a prominent factor.

Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from COAL PRODUCTS. It is a derivative of the QUINOLINE GROUP, and is, therefore, an anologue of PHENACETINE and ANTIFEBRINE, but has marked and highly important advantages of them, they being derived from the BENZINE GROUP. All derivatives of the BENZINE RING have dreidedly depressing effects upon the heart's action and the nerve centres.

Quinalgen is almost entirely free from these disadvantages, while its physiological effects are similar to those of QUINOLINE, to which group it belongs. Its therapeutic action is, therefore, restorative and tonic to the nervous system instead of depressing and exhausting.

Quinalgen was discovered and brought to the notice of the profession by Dr. VIS, of Germany, three years ago. It was first tried for Fever, Neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Goliner, of Urfurt, Dr. Treupel, of Breslau, and many other distinguished German practitioners gave it extensive trial, and the consensus of their opinion is that QUINALGEN marks a decided advance in the therapeutic agents that are available in the treatment of Fever, Headache, Neuralgia, the pain of Rheumatism, Sciatica, etc.

S. A. RICKARD, of Saratoga Springs, N. Y., is the Sole Agent for the U. S. and will be glad to send literature with full directions for use, to any physician on application. Price $1.00 per oz. Give it a trial.



Is the fanciful title which we have adopted to designate our brand of Kola wine to distinguish it from similar preparations which may in time appear. Kolavin is made from fresh (undried) Kola nuts and possesses undiminished the same marvelous properties ascribed by travelers and by the natives in Africa to the fresh Kola nuts. Each dose (a table-spoonful) contains 30 grains of the fresh (undried) Kola nuts.

Kola is highly recommended by competent authorities (see our Monograph) as a valuable cerebro-spinal stimulant, partaking of the nature of tea, coffee and cacao, only more sustained in its action. It is a valuable remedy for the treatment of mental and nervous depression, indigestion, and debilitated states of the system generally. Kola is not a food. While it decreases tissue waste, and thus, to a certain extent, conserves energy, it does not supply fresh energy to the system. It is not, therefore, recommended to take the place of food. But it does stimulate the digestive functions, and taken in conjunction with food, increases its value to the system in cases of impaired digestion and assimilation. It is also employed with benefit in asthma, various diseases of the heart, seasickness, melancholia, chronic alcoholism, etc.

Our Monograph on Kola

is profusely illustrated and contains all obtainable information on the drug up to date. A copy will be mailed to any physician on request.

FOR SAMPLES AND LITERATURE ADDRESS

FREDERICK STEARNS & CO.,

(*The introducers of Kola to commerce in the United States in 1881.*)

Manufacturing Pharmacists, . DETROIT, MICH.

WINDSOR, ONT. - LONDON, ENGLAND. - NEW YORK CITY.

Firwein

(A Balsam of Fir Wine with Iodine, Bromine and Phosphorus)

TILDEN'S.

In Chronic Bronchitis and Incipient Phthisis, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, **Firwein** does not impair, but instead, strengthens and improves digestion and assimilation; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

In Chronic Cystitis, **Firwein** may be regarded as almost a specific. No class of ailments gives the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of **Firwein** for the rest of your life, and your patients will rise up and call you blessed.

In Nasal, Pharyngeal and Laryngeal Catarrh, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it!

DOSE. One to two teaspoonsful 3 to 6 times daily. *For Spraying*—add one part of vaseline or petrolatum oil, to three parts of Firwein and use warm. *For persistent Coughs*—One dram Opii. Deod. to 4 ounces of Firwein.

A full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50c. to pay carriage.

PREPARED ONLY BY **THE TILDEN CO., New Lebanon, N. Y.**

418 Norfh Third Sfreet, ST. LOUIS, MO.

Calisaya Cordial

TILDEN'S.

A PLEASANT and agreeable tonic and appetizer. Efficient in all cases of debility from exhausting and protracted diseases; frail and broken down conditions of the system from obscure causes, especially functional disturbances of the reproductive organs in females; weak and imperfect digestion and assimilation, nervous debility, mental exhaustion and in all low atonic conditions of the system.

EFFECTIVE, PLEASANT, AGREEABLE AND ECONOMICAL.

FORMULA.

EACH FLUID DRACHM CONTAINS:

Calisaya True	5 grs.
Pepsin Sac	3 "
Erythrox. Coca.	
Iron Pyrophos.	
Viburnum.....a. a.	1 "
Gentian	2 "
Strychnia Sul.	1-100 "

With Vegetable Aromatics.

TRUE TONIC, SPLENDID APPETIZER, RELIABLE STOMACHIC

Please observe the strength and perfection of the above formula. Do not confound TILDEN'S Calisaya Cordial with other preparations of this class.

A Full Pint Bottle will be sent to any Physician as a Sample, free of charge on receipt of 50 cents to pay expressage.

PREPARED ONLY BY **THE TILDEN CO**, NEW LEBANON, N. Y.

418 N. 3rd St., ST. LOUIS, MO.

The Discovery of Anæsthesia.

Dr. William J. Morton, the son of Dr. William T. G. Morton, has furnished us with certain memoranda relating to the discovery of anæsthesia. The most interesting of these documents seems to us to be the following letter, a portion of which was recently published in the Centuryf Magazine :

BOSTON, April 2, 1893.

"*My Dear Sir :*—Few persons have or had better reason than mysel to assert the claim of Dr. Morton to the introduction of artificial anæsthesia into surgical practice. The discovery was formally introduced to the scientific world in a paper read before the American Academy of Arts and Sciences by Dr. Henry J. Bigelow, one of the first, if not the first, of American surgeons.

"On the evening before the reading of the paper containing the announcement of the discovery, Dr. Bigelow called at my office to recite this paper to me. He prefaced it with a few words which could never be forgotten.

"He told me that a great discovery had been made, and its genuineness demonstrated at the Massachusetts General Hospital, of which he was one of the surgeons. This was the production of insensibility to pain during surgical operations by the inhalation of a certain vapor (the same afterward shown to be that of sulphuric ether). 'In a very short time,' he said, 'this discovery will be all over Europe." He had taken a great interest in the alleged discovery, had been present at the first capital opera tion performed under its influence, and was from the first the adviser and supporter of Dr. W. T. G. Morton, who had induced the surgeons of the hospital to make trial of the means by which he proposed to work this new miracle. The discovery went all over the world like a conflagration.

"The only question was whether Morton got advice from Dr. Charles T. Jackson, the chemist, which entitled that gentleman to a share, greater or less, in the merit of the discovery.

"Later it was questioned whether he did uot owe his first hint to Dr. Horace Wells, of Hartford, which need not be disputed. Both these gentlemen deserve 'honorable mention' in connection with the discovery, but I have never a moment hesitated in awarding the essential credit of the great achievement to Dr. Morton.

"The priceless gift to humanity went forth from the operating theater of the Massachusetts General Hospital, and the man to whom the world owes it is Dr. William Thomas Green Morton.

"Experiments have been made with other substances besides sulphuric ether for the production of anæsthesia. Among them, by far the most important is chloroform, the use of which was introduced by Sir James Y. Simpson. For this and for the employment of anæsthetics in midwifery

he should have all due credit, but his attempt to appropriate the glory of making the great and immortal discovery, as revealed in his contribution to the *eighth* edition of the *Eucyclopædia Britaunica*, is unworthy of a man of his highly respectable position. In the *ninth* edition of the same work his article Chloroform is omitted and a fair enough account of the discovery is given under the title Anæsthesia.

"Yours very truly, O. W. Holmes."

The public is acquiring a holy horror of modern science, inasmuch as it is constantly discovering hidden and hitherto unexpected powers of evil. One popular pleasure after another has been attacked by scientists on the ground of their revealed danger, and quite recently it was proved to demonstration that kissing was a most poison-bearing form of greeting. Recently a distinguished physician has drawn attention to the probability that both coal and gas may be the cause of many cases of obscure poisoning. He points out that arsenic is a considerable constituent of coal, and that there can be no doubt it must be liberated in the form of vapor during the process of conbustion, from which it follows, also, that ordinary gas contains a considerable quantity of this deleterious product. Given arsenic in the atmosphere to any marked extent, and the argument is simple that it will be inhaled into the lungs, and that some of it may, therefore, be absorbed from the mouth. The observer in question has been investigating the quantity of arsenic excreted by persons suffering from obscure diseases, and he has found that in many of these cases a large amount of arsenic was being eliminated. Beyond the fact that arsenic was therefore being absorbed in quantities, probably sufficient to cause symptoms to poisoning, it was certain that quite enough was in the body to cause a gradual degenerative change in the kidneys.

Board of Health of North Carolina.

The December Bulletin of the North Carolina Board of Health makes an announcement of the resignation of the President, Dr. H. T. Bahnson, of Salem, to become a director of the State Hospital at Morganton. Dr. George G. Thomas, of Wilmington, has been elected to succeed to the presidency. Dr. William P. Beall, of Greensboro, has been appointed by the Governor to fill the place in the Board.

Cystitis and Metritis.

W. Warwick, M. D., King's Coll., Aberd., M. R. C. S., Eng., 1851, L. M. Roy, Coll. Belf., 1849, etc., Belfast, Ireland, says: "I have given Sanmetto a very good trial in cystitis and metritis, and the results have been most satisfactory. I do not know another remedy which I can rely on for such uniform good results in affections of the genito-urinary organs."

Gardner's

Syrup of Hydriodic Acid:

Introduced 1878. The original Syrup which has given Hydriodic its reputation. Sixteen years in use as an unequaled Alterative, Resolvent and Antiseptic. Perfect substitute for Iodide of Potassium.

Received Medal and Diploma,

Only Award granted Syrup Hydriodic Acid at World's Fair, 1893.

Send for Literature.

Mailed without charge, to Physicians only.

☞ Specify **Gardner's.** Take no substitutes.

Gardner's

CHEMICALLY PURE HYPOPHOSPHITE SYRUPS.

Syr. Hypophos. Soda. Syr. Hypophos. Potass.
Syr. Hypophos. Lime. Syr. Hypophos. Manganese.
Syr. Hypophos. Iron. Elix. Hypophos. Quinine. (Soluble.)

Prescribe the truly indicated salt only.
Avoid contra-indicated and antagonistic bases.
Scientific methods and pure remedies will give you BEST RESULTS.
Literature to Physicians only, without charge.

☞ Specify **Gardner's.** Take no substitutes.

R. W. GARDNER, Pharmaceutical Chemist,
158 William Street, New York.

Announcement

TO THE **PEOPLE**
TO THE **CAROLINAS** AND
OF THE **SOUTHEAST**

The Charlotte Observer makes an announcement of more than ordinary interest. By special arrangement with the publishers of that greatest of all reference libraries, *The Encyclopædia Britannica*, ninth (latest) edition, we are enabled for a short time to place this King of Books within easy reach of every reader. This edition is bound in

28 Royal Octavo Volumes

And is the only complete and unabridged edition of this great work in existence revised to date. That some sort of an Encyclopædia is a necessity, all must acknowledge. That the great BRITANNICA is the very best Encyclopædia, none will deny. Only its great cost—$125 for the Scribner Edition, $200 for the Edinburgh Edition—has prevented its purchase heretofore. At these prices none but the rich could afford to own it. We offer for a limited time to the readers of THE OBSERVER an edition superior even to the costly Edinburgh Edition at the unheard of introductory rate of

TEN CENTS A DAY

For this small outlay you can secure these 28 Royal octavo volumes, complete and unabridged, revised to date. The Britannica itself needs no endorsement. For 119 years it has stood the crowning work of our English language, the *noblest work in all literature*, the one only adequate representative of the advanced thought and scholarship of the world. It is the only Encyclopædia in which each principal subject is treated by an acknowledged authority upon that subject. No other Encyclopædia has given Ten Thousand Dollars for a single article, nor Six Hundred Dollars a page for written matter. The fact that

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Was expended in its preparation, requiring the labor of 2,000 of the world's greatest scholars, tells the story of its exalted superiority. Over 600 American authors were employed on American subjects and American institutions.

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To our readers comprises many features worthy of special mention,

1. A thorough equipment of new maps up to date, costing $30,000 to produce.

2. The American Copyright Articles, rewritten to date by eminent American writers. In other respects this Edition is word for word, line for line, page for page, identical with the expensive Edinburgh Edition, costing $8.00 per volume.

3. But the crowning feature of this Edition is its American Additions and Revisions, prepared under the supervision of that widely known Encyclopædic Editor, W. H. DEPUY, D.D., LL. D., assisted by a corps of trained writers, thoroughly revising the entire work to date.

Not only are all Scientific and Historical Subjects brought absolutely up to date, but a vast fund of new information is added, relating to the material, social, industrial and educational progress of the world, together with many thousand New Biographies not in the original Edition nor in any other Encyclopædia

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There are four styles of binding, and all styles have double-hinged, flexible backs, sewed precisely like an Oxford Teacher's Bible, so that they are durable and convenient. It is an actual fact that this book is more strongly bound than the Edition which is sold for $8.00 per volume.

Upon application we will send you description and prices of the various styles, and you may select any style of binding you choose, and have the privilege of paying for it at the rate of 10 cents a day, half the set being delivered to you at once ; or, we will deliver the entire set of 28 volumes on payment of $5.00 per month. All charges paid by us to any railroad station in the United States.

THE OBSERVER,
CHARLOTTE, N. C.

An Axis-Traction Forceps.*

By T. J. McGillicuddy, M. D.

[From N. Y. Medical Journal, January 5th, 1895.]

With this instrument we can make ideal axis traction during the entire passage of the fœtal head. with remarkable ease and safety.

In cases where much strength must be employed you can not perform axis traction properly with the common forceps, by Pajot's, Smith's, or any other manœuvre.

The advantages alleged for this instrument are:

1. That with its use axis traction is simple and uncomplicated.

2. That it is superior to Tarnier's in the fact that while using it axis traction at the superior strait is perfect.

3. That while in relation to Tarnier's instrument a great deal has been said of the indicator, in this forceps the indicator is in the hands of the operator and tells his *conscience musculaire* the direction of tractions as well as the resistance.

4. That it does away with the trouble of Pajot's, Smith's, or other methods, and with its use one has plenty of power and perfect control.

5. That it is easier to make rotation in the posterior positions with the adjunct handles, if it is thought best to use the forceps for that purpose.

6. That it is easy of application, and in its dual character it has the advantages of axis traction and the ordinary forceps, and saves the expense of buying two instruments where one will do.

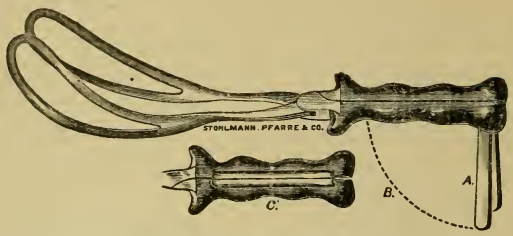
The Tarnier instrument is complicated, cumbersome, and expensive, thus nullifying its good points, if it has any, and has been condemned by the Paris Obstetrical and Gynæcological Society for these reasons. Its theory may be very pretty and interesting for those who have not had much experience in forceps delivery, but practically it is a useless and harmful instrument.

No woman should be delivered except by axis traction, and with these axis traction handles you can determine the exact amount of resistance and the proper amount of force to employ, and readily and easily use it.

Dr. Leishman, in writing of the long forceps and high operation, says: "It is now very generally believed by those who have had the greatest experience that a large proportion of the unfortunate results depend upon improper instruments, and especially upon the use of such as are deficient in power. The observations which on this point I have already quoted from Dr. Barnes apply here with peculiar force. Power and control are co relative factors toward the attainment of the results which we desire,

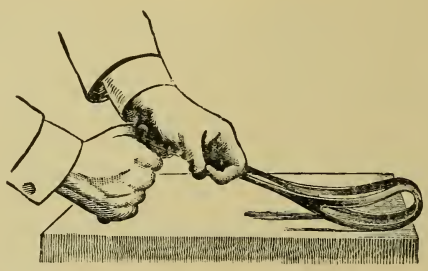
*Remarks before the Section in Obstetrics and Gynæcology of the New York Academy of Medicine, November 21, 1894.

and if there is a deficiency in the former we can have but little confidence in the issue of the case."



Showing axis-traction handles when not in use.

With this forceps we pull directly in the axis of the brim. One can not grasp the handles of the ordinary forceps with comfort with both hands and still make any great axis traction. Most physicians say that the hands become cramped and lose all their muscular power after pulling for a short time.



Side view. Axis-traction handles open.

In cases attended with some difficulty, who has not seen physicians with their feet placed against the side of the bed or the buttocks of the patient hanging on to the handles of the forceps and pull away with all their strength while bathed in a profuse perspiration?

These violent exertions are entirely wrong and unnecessary, as the arms alone should be used, and the body placed in a position where the traction can be easily arrested if there is any slipping of the blades.

It is the improper use of the wrong kind of forceps that makes it such fatiguing and dangerous work.

Macon, Ga., June 21, 1887.

Paris Medicine Co., Paris, Tenn.:

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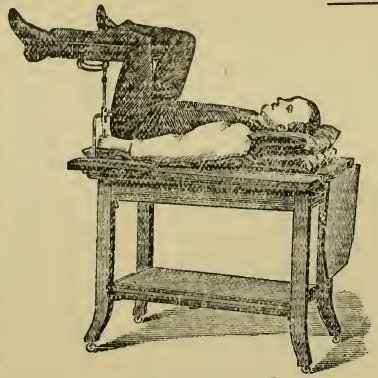

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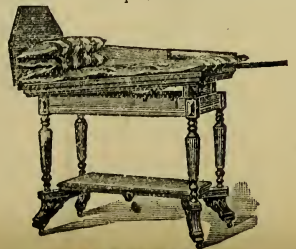

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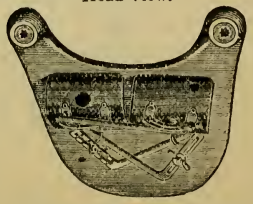

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U. S. Department of Agriculture, Weather Bureau.

WASHINGTON, D. C., January 2, 1895.

The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable the Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climate of the country in connection with the indigenous diseases should be of material service to every community, in showing to what degree local climatic peculiarities may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty co-operation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this co operation other than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Co-operation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accurate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the Bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present Monthly Weather Review, the subject matter being, of course, different.

More detailed information will pe furnished on application.

MARK W. HARRINGTON, Chief of Bureau.

Johns Hopkins Medical School is the only one in the United States which requires a liberal education as a condition of entrance.

Codliver Oil: What is it?

By Reynold W. Wilcox, M. D., LL.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital; Visiting Physician to St. Mark's Hospital, New York. 1894.

Ever since 1841, when cod-liver oil was so strongly advocated by Bennett, it has held a prominent place in the confidence of physicians. From this date we find that many and careful studies have been made, so that we may say that its scientific use is of comparatively recent origin, although it has been employed empirically for nearly two hundred years. The chemistry of this subject is by no means, even now, complete, although many analyses have been made, so that at intervals one finds in the literature various hypotheses as to what ingredients this remedy's virtues may be attributed to. In spite of discordant theories and the contradictory results of chemical analysis, cod-liver oil is still regarded as a remedy of the highest value in diseases marked by malnutrition, of which pulmonary tuberculosis is the most frequent occasion for its employment.

What then can be said of its composition? Briefly, it is principally, first, olein glyceride (70 per cent.) with variable quantities of stearin, palmitin (near 25 per cent.), and myristin glycerides, the latter increasing with the darker color. So far no controversy has arisen beyond the unconfirmed statement of Winckler (1852) that clycerine could not be obtained from cod-liver oil, which he regarded as a whole, containing propyl oxide. Second, iodine, in from 0.0012 (Bird) to 0.004 per cent. (de Jongh), its presence first demonstrated by de l'Orme, but even now it is not known in what form it exists. On the other hand, several observers have failed to detect it in all specimens. Third. bromine. Fourth, phosphorus; as pre-existent phosphoric acid, 0.0789; as obtained by total oxidation of the oil, 0.1047 per cent. (de Jongh). Fifth, sulphur. Sixth, biliary acids. Seventh, free acids, calculated as acetic acid, 0.01 to 0.80 per cent. (Charles, 1882), and regarded as butyric and acetic acids by de Jongh (1849). It is quite likely that free oleic, palmitic and stearic acids exist in the oil. Eighth, gaduin, $C_{35}H_{46}O_9$, identical with morrhuic acid (Gautier and Mourgnes, 1888), existing as an unstable compound resembling lecithin, and in contact with acids and alkalies decomposing into morrhuic acid, $C_9H_{13}NO_3$, phosphoric acid and glycerine. Ninth, gadic acid (Luck, 1857), deposited from light-brown oil.

Under the name of morrhuolins are included the so-called alkaloids of cod-liver oil: morrhuic acid mentioned above; dihydrolutidin, $C_7H_{11}N$; asellin, C_{25} N_4; amylamin, $C_5H_{13}N$; oxycollidin, $C_8H_{11}NO$; morrhuin, $C_9H_{27}N_3$; nicomorrhuin, $C_{20}H_{17}N_4$; the last four being the most active. Gautier and Mourgues found, however, in yellow oils six definite bases: butylamin, amylamin, hexylamin, dihydrolutidin, asellin, morrhuin, and morrhuic acid. It will be observed that they fail to find oxycollidin aed nicomorrhuin. So far as the oily constituents, iodine

bromine, sulphur, phosphorus, biliary substances and free acids are concerned, there is virtual agreement in the results of analyses.

As to the so-called alkaloids, or definite bases, there is abundant opportunity for criticism. It is remarkable that they are most abundant in the brown oils, and from these is commercially obtained morrhuol, the name applied to an *a*lcoholic extractive derivable from cod-liver oil and of probably indefinite chemical structure. Similarly the term "gaduol" has been employed. Presumably morrhuol, which according to Lafarge (1885) is a very aromatic substance of a sharp, bitter taste found in brown oils 4.50 to 6.00, yellow oils 2.50 to 3.00, and in white oils 1.50 to 2.00 per cent., contains most of the so-called alkaloids, together with the iodine, bromine, and phosphorus, and is the substance which is supposed to represent the active principles of the oil.

The physiological properties of the seven alkaloids have been determined by Gautier and Mourgues to be as follows:

Butylamin: In sufficient doses this produces in animals fatigue, stupor, vomiting, and a certain degree of paresis. In small doses it excites the urinary secretions; in large doses it is at the same time convulsive and paralyzing; in medium doses it throws the animals into a sort of somnolence, with muscular paresis, but with complete conservation of the intelligence. Although poisonous, it does not produce death uuless given in very large doses.

Amylamin: This is a very active base. In small doses it excites the reflexes and the urinary secretion. In large doses it provokes convulsive trembling, then regular convulsions and death.

Hexylamin acts almost like amylamin, but with less intensity.

Dihydrolutidin is a rather toxic base, even in small doses, when it produces a notable diminution of sensibility. In larger doses it provokes trembling and convulsions in the muscles of the face. With still larger doses in a guinea pig the trembling increases and becomes more general. Very lively periods of excitation are followed by profound depression with insensibility and paralysis of the muscles, especially of the posterior members. The animal gradually goes into an asphyxiated collapse.

Asellin is only a feebly active base. In sufficient dose it produces dyspnœa, stupor, convulsive troubles, and in large doses death.

Morrhuin is one of the most active principles of the oil; it is also in larger quantity—a little more than one-third of the total alkaloids. This is believed to *be* a powerful stimulant to the functions of nutrition and assimilation, producing a rapid circulation of the extractive residues of cell life towards the blood and kidneys, where they are eliminated, and in this way provoking indirectly a powerful movement of the assimilation. Virtually it is believed to increase the appetite and to provoke diaphoresis and diuresis.

As we read the results of these experiments, we cannot but be im-

pressed by the fact that these symptoms are the symptoms of ptomaine poisoning. And when one remembers that the process of manufacturing hitherto employed is such that putrefaction is an important factor in the production of the oil, as anyone will testify who has visited the North Cape, where the stench encountered upon the journey is as prevalent and as repulsive as that found near the menhaden-rendering works of the Atlantic Coast, the impression becomes a certainty. Without doubt, the alkaloids contained in morrhuol are putrefactive or cadaveric alkaloids, and of these amylamin, asellin, dikydrolutidin are assuredly poisonous and are so classified in Gould's table as modified from Vaughan and Novy. Amylamin can also be obtained from horn and putrid yeast. Morrhuin, as is stated above, is probably diuretic and diaphoretic. Butylamin may or may not be toxic; it is quite probably the latter. That any of these alkaloids are present in cod-liver oil when prepared at the place of the fisheries, by a proper process, is extremely doubtful. So far as I can learn, no analyses have been made of such cod-liver oil. To assume that morrhuol represents in any way the active therapeutic properties of cod-liver oil, is to assume that cod-liver oil is useful only in the proportion that it is putrefied. My attention having been called to the reports of Lafarge (1885) and latter of Germaine See, I experimented with morrhuol for several months, and finally, convinced of its absolute failure, I abandoned its use. I was so thoroughly positive of its uselessness that the paper of Bouillot did not induce me to repeat my observations. If there are any medical properties in the preparations of the so-called active principles from which oil is removed, or which are removed from the oil, they must be entirely due to the other substances with which they are incorporated. The substitution of active principles in place of crude drugs is praiseworthy, when it is proved that these active principles represent the properties of the drug or possess in themselves definite physiological action. No digitalin, nor digitonin, nor digitoxin, has yet been isolated which fully represents digitalis; why then need we expect that alkaloids shall represent cod-liver oil, even if they arise from its putrefaction?

To what then can we attribute the beneficial action of cod-liver oil in wasting diseases? That cod-liver oil is a food, a food of especial value, because of its peculiar properties.

To quote Farquharson: "It has been proved by experiment that animal are more digestible than vegetable oils, and cod-liver is the most readily assimilated of all. After being emulsified by the pancreatic juice, it comes in contact with the bile, which distinctly increases its power in passing through moist animal membrane; and it is probable also that the biliary principles incorporated in its own structure aid in enabling it to be easily absorbed by the lacteals. Its action in the system is to improve the general constitutional tone, to evolve force and heat, and to aid in supplying those fatty elements which are so essentially requisite for the con-

struction and repair of the tissues. It supplies the fatty matter on which the proper functions of cell growth and development depend, the nuclei in the cells being formed of fat."

The free fatty acids contained also aid in emulsification and absorption from the alimentary canal. It improves the nutrition and supplies the fatty ingredients necessary for the growth and repair of the nervous system. It improves the quality of the blood, increases the number of the red corpuscles, and strengthens the heart muscle. Although the quantity of iodine, bromine and phosphorus is small, so far as their influence goes they are of use. Bruton has pointed out that, because it nourishes the young epithelial cells of the bronchial mucous membrane, enabling them to grow instead of being converted into pus, it is of undoubted efficacy as an expectorant. Thousands of lives would undoubtedly have been saved, had the profession understood that beef tea, as formerly made, containing scarcely more than the soluble extractives, possesses about as much value as a nutrient as urine.

Shall we now go on to administer the extractives of cod-liver oil, cadaveric alkaloids of demonstrated poisonous properties—of which the best that can be said is that one is diaphoretic and diuretic in its action and increases the appetite—and discard the really valuable constituents, which make up the food? A tuberculous patient can generate a sufficient amount of ptomaine without any assistance from the physician. It is the prevention of the formation, not elimination, that one seeks in treatment. An analogous procedure would be the administration of beef tea made from putrid meat.

The use of the extractives of cod-liver oil is no new idea. In 1866, an extract, an evaporated watery extract, made from the livers in preparing the oil, was used. It soon fell into disuse. Granting that the ptomaines of putrid oil are harmless—which is as yet by no means proven, for the quantity in which they have been administered has been too small for any definite conclusion—if there are any remedial properties in the extracts or wines it must be in the substances incorporated with them, but which are better administered separately.

How then shall we prescribe cod-liver oil? By emulsions, which are heavily charged with mucilage and contain water which favors rancidity? Of all which I have used—and every one which I could obtain has been used in my hospital and dispensary service—but one has been satisfactory, and that only when freshly made. For fourteen years I have used an oil of which the only recommendation it claimed was that it was obtained from fresh livers by cold expression. It was of American origin, and on that account was not obtained from the cod when in as good condition as when off the shores of Norway. As it was, its use was far more satisfactory than that of emulsions or mixtures of whatever sort.

During the past few months I have used with great satisfaction th

Improved Lofoton Cod-liver oil made by Parke, Davis & Company, which is simply an oil obtained on the site of the fisheries from the livers of the fish at the time they are taken from the water. The process of manufacture is carefully carried out so that absolute cleanliness and freshness of the material shall be secured and that no decomposition shall take place. The disagreeable odor and flavor is removed, but no constituent important for its use as a food is taken out. Specimens kept for months have as yet shown no change. The problem seems to be solved. A food to be of its highest usefulness must be palatable, the most weighty objection is now done away with.

The oil should be given during the height of pancreatic digestion, one to two hours after eating, so that it may pass rapidly through the stomach and be absorbed during intestinal digestion. The stools should be watched that more shall not be administered than can be absorbed. If the oil should "repeat," a fact which I have not yet observed, a few drops of ether added to the dose is likely to obviate that difficulty. The dose is from one to six teaspoonfuls. My conclusions are:

1. Cod-liver oil is a food, important because of its peculiar properties.

2. Since it is a food, no extractive can represent its value.

3. The purer the oil—the more free from cadaveric alkaloids—the more palatable will it be and the better adapted for its purpose.

4. The best that can be said of the cadaveric alkaloids is that they may possibly represent its eliminative, they certainly do not represent its reconstructive, properties.

5. It is not proven that the administration of appreciable quantities of the cadaveric alkaloids is devoid of danger.

Third Special Course in Regional Surgery at the Masonic Hospital of Chicago, 369 Washington Boulevard.

Dr. G. Frank Lydston will lecture every Monday at 8 P. M., beginning January 7, 1895. Subjects: Surgery of the Prostate, Bladder and Kidneys, including Calculus, Appendicitis, Surgery of the Rectum and Urethra, Varicocele. The lectures will be illustrated by special charts and drawings, and are free.

Dr. Charles Day, M. R. C. S., etc., 79 St. Mark's Square, West Hackney, London, writes, on January 17th, 1893:

"I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

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LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

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LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,

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Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

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SPRINGER, N. M., December 11th, 1893.

THE HALL CAPSULE CO., Cincinnati, O.:

Gentlemen:—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenient means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly mail me another 1000 of the No. 2.

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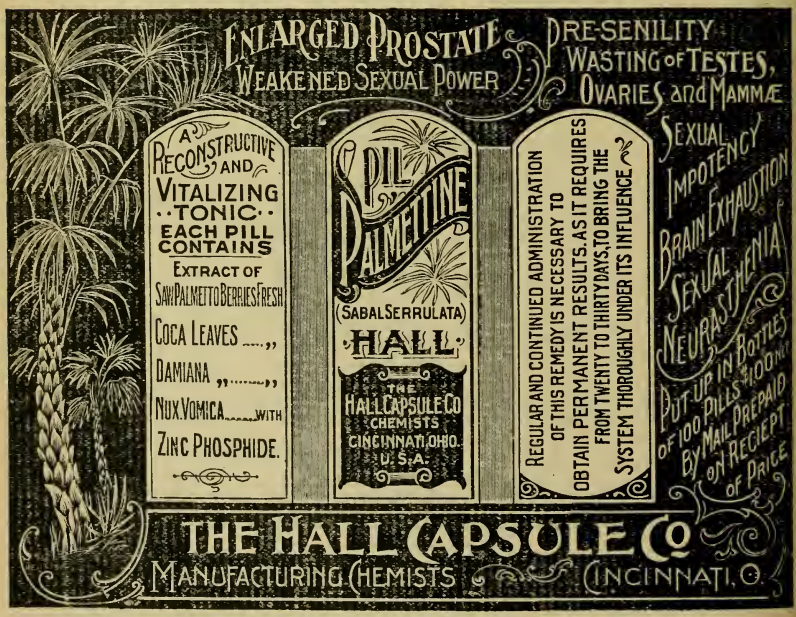
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New York Academy of Medicine.

The treasurer's report for 1894 states that the estimated assets of the New York Academy of Medicine now amount to nearly half a million of dollars. The current expenses amount to about 17.000 dollars, not including amounts spent for special purposes such as the purchase of books. The number of Fellows is as follows: Resident, 774; non resident, 40; corresponding, 7. During the year 40 new resident Fellows were elected, 8 were lost by death, and 15 by removal or suspension.

Hints on the Administration of Trional.

Dr. C. Goldman (Therapeutische Monatshefte, Nov., 1884,) has employed Trional in a considerable number of cases of insomnia not due to pains, especially in neurasthenic sleeplessness, and with but few exeeptions, obtained from doses of 1.0 gm. a sleep of at least six and usually of eight hours duration. Unlike with most other hypnotics the patients ex perienced no after-effects and felt well on the following day. With a view of enabling others to derive the best results from this hypnotic the author presents the following hints, based upon an extensive experienee, in regard to the administration:

"Trional should never be administered in doses exceeding 2.0 gm. In all cases where the insomnia is not due to pains, sleep of six to eight hours duration is usually obtained from doses of 1.5 gm. In neurasthenic sleeplessness the administration of 1.0 gm. is ordinarily sufficient to produce sleep.

Trional should never be taken in the dry state or followed by a drink of cold water, but simultaneously with its administration a large quantity of fluid as warm as possible, about a cupful should be given, as for example, soups, tea, etc. Absorption of Trional is thereby facilitated and a prompt effect secured.

During the employment of Trional it should occasionally be discontinued. No practical physician will administer a hypnotic for weeks, or, as appears from the literature, for a number of months.

To guard against any possible accumulation of unabsorbed Trional, accellerate its elimination, and thereby prevent reduction of the alkalinity of the blood, some carbonated mineral water (Seltzer Appollinaris) should be prescribed during its period of administration; it is also advisable to give at the same time some salt of citric or tartaric acid. The vegetable acids are converted to carbonates in the organism, and then increase the alkaliscence of the blood.

If in spite of these precautions constipation occurs, it should be promptly relieved by Seidlitz powders, or similar laxatives."

Sanmetto in Diseases of the Bladder and Kidney.

To whom it may concern: I have been in the practice of medicine for the past forty-four years, and say, without hesitation, that I have never prescribed any remedy that in its action is so near a specific in diseases of the bladder and kidney as Sanmetto, and particularly in cases of urethral inflammation combined with difficult micturition. Much might be said truthfully in favor of Sanmetto in all diseases of the genito-urinary organs. I think it is *the* remedy for those diseases, and the best now in use.

East Lyme, Conn. D. CALKINS, M. D.

Considerable interest is being evinced by physicians regarding the tonic stimulant action of Kola, and it is coming to be largely used in cases of nervous exhaustion, as it combines the invigorating properties of caffeine, with the stimulating effects of theobromine and kolanin, which latter peculiar principle is claimed by some investigators to be superior to cocaine as a stimulant, without the enslaving properties of the latter alkaloid, This peculiar principle is found more abundantly in the fresh (undried) Kola nuts, and taking advantage of the knowludge of this fact, Messrs. Frederick Stearns & Company, of Detroit, Mich., have been the first to place on the market a Wine of Kola, for which they have coined the fanciful title "Kolavin" to distinguish their product from similar preparations, which in time will undoubtedly appear. "Kolavin" is a delicious aromatic tonic wine, each dose (a tablespoonful) of which contains 30 grains of the fresh (undried) Kola nuts. It is a prompt and active stimulant, and is useful in all cases where such a stimulant is needed. Samples of "Kolavin" may be obtained by addressing the manufacturers, Frederick Stearns & Company, Detroit, Mich., who are headquarters for Kola nuts in this country, having introduced the drug to the medical profession in 1881, and being the sole importers of the fresh (undried) nuts from Africa. Their Scientific Department has recently issued an elaborate monograph on Kola, profusely illustrated, which is worthy of a careful perusal, and will be sent to any physician who will apply for a copy.

Succus Alterans in England.

Dr. William Richard Goodfellow, M. R. C. S., Roche, Cornwall, England, L. S. A., (London Hospital, Surgeon Roche and St. Anstell United Mines,) says: "I have used in practice the preparation known as Succus Alterans, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe Succus Alterans to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus Alterans in all cases I have indicated herein.—*Medical Reprints, London.*

PEGRAM,

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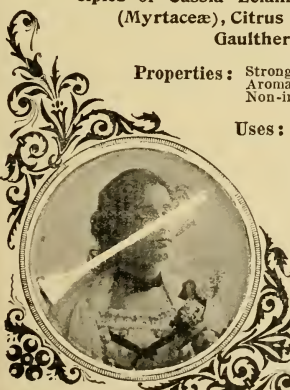

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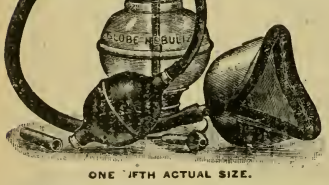

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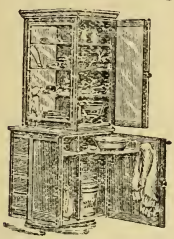

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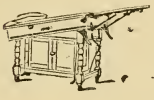

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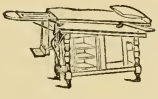

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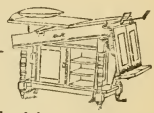

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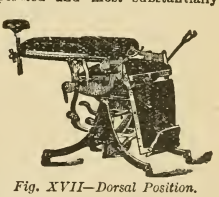

Fig. XVII—Dorsal Position.

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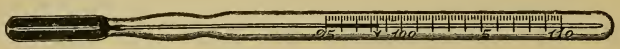

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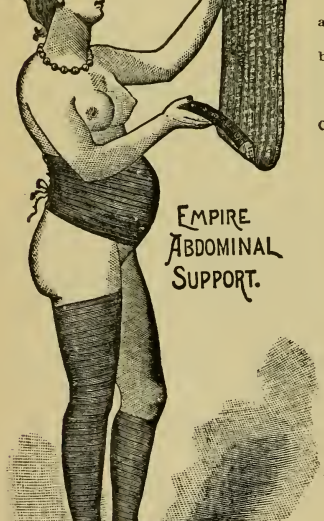

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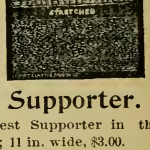

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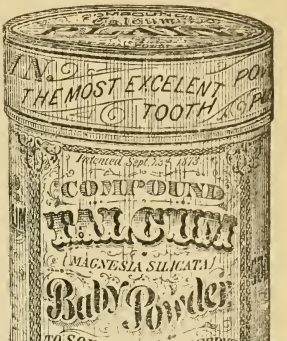

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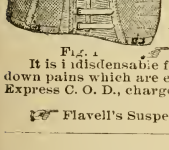

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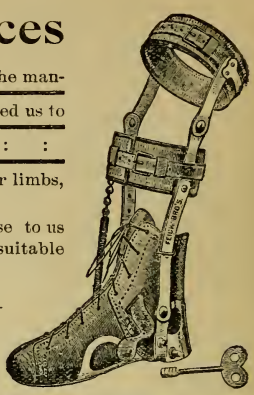

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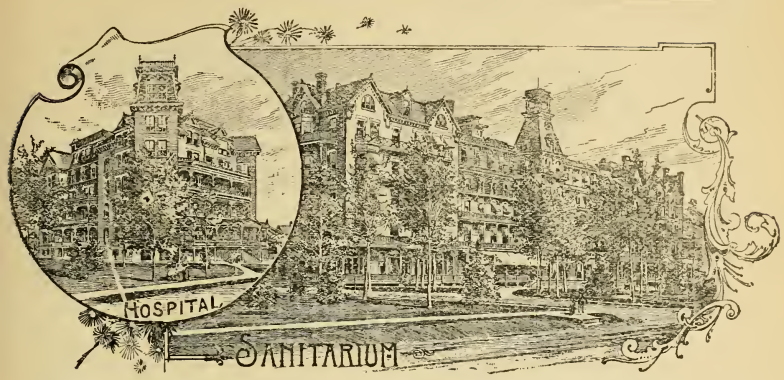

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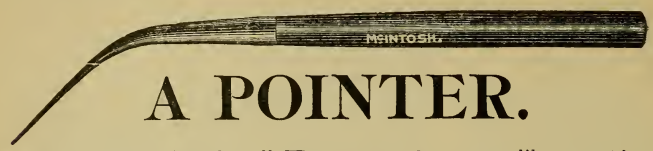

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The Charlotte Medical Journal.

VOL. VI. CHARLOTTE, N. C., MARCH, 1895. No. 3.

Misconceptions Concerning the Treatment of Displacements of the Uterus.

By E. F. TUCKER, M. D., Lecturer on Clinical Gynæcology in the Medical Department of the Oregon State University.

Written for the Charlotte Medical Journal.

For years past displacements of the uterus have been treated by almost every conceivable plan, and if one can judge by the innumerable forms of pessary that have been invented, the many different forms of procedure that have been devised for the cure of these ailments, one would certainly arrive at the very justifiable conclusion that these cases were intractable ones, and indeed as far as the displacement is concerned, they very often are. With the brilliant advances that have been made in abdominal work in recent years, there seems to have come an increasing disregard for the utility of the female generative organs, until we see some surgeons who think no more of removing the entire generative apparatus than a dentist would of extracting a tooth, and we see in the Medical Journals reports of hysterectomies performed for retroversion, for prolapse, and even for anteflexion. There are, perhaps, fortunately not many yet who take this very extreme view of these cases and who seem to transpose the old Biblical text: "If thy right hand offend thee, cut it off," so that it shall read: "If thy neighbor's womb offend her, extirpate it," but at the same time it shows the danger one may run into by a too inductive method of reasoning when applied to the ills of the human body. I often think, that if all operators could only follow up their cases afterwards, instead of dismissing them as cured merely because they have lived, they would in future be less apt and anxious to operate on every case which might at first sight seems to be a suitable one.

Although in the healthy female, the normal position of the uterus has been found to be one of moderate anteflexion, it is still a freely moveable organ within certain limits. According to the empty or distended state of the bladder and rectum, or the position occupied by the individual, we find the uterus anteflexed or more or less retroverted, nor is there any pain produced by sueh temporary displacements, providing that the uterus is otherwise healthy. The chance is not often given us to examine any number of healthy women, but whenever I have had an opportunity to do so, I have always found that the uterus could be easily thrown into almost any position and allowed to remain so without giving rise to any symptoms, although of course the uterus of itself soon returns to its normal

position. I have also often found the uterus retroverted in such cases when examined on the back, but always readily replaced.

From these facts and from what follows I have been led to believe, that, given a healthy uterus and a healthy peritoneum, which is sure to include healthy appendages as well, and no injury existing to the pelvic floor, it is impossible to have a displaced uterus giving rise to symptoms. I do not mean, of course, to include here certain cases of congenital deformity, which do not properly come under this head. Leaving out cases of displacement caused by the presence of foreign growths, we find then that the vast majority of them are caused by some inflammatory condition in or about the uterus, pelvic peritonitis being the most common of all and usually brought about from infection from without. Lateral versions which are rather uncommon in the absence of tumors, are undoubtedly the result of inflammation in one of the broad ligaments. Retrodisplacements occurring as they nearly always do in married women, result in the vast majority of cases from direct infection from without, either from an infected husband, a septic abortion or a septic labor. The amount of infection may be so small that an acute stage is hardly perceptible, and the process be really chronic from the start. Adhesions are gradually formed between the uterus and rectum directly or indirectly through the agency of infected tubes, and the uterus is permanently retroverted. The chronic inflammation continues and the painful symptoms become fully established.

Nor is it probable that this condition is kept up by the interference in the blood circulation brought about by the abnormal position occupied by the body of the uterus, for the blood vessels that go to it are tortuous and readily adapt themselves to changes which may occur in the position or condition of the uterus and consequently would not be greatly put upon the stretch or inordinately bent to such a degree as to seriously interfere with its blood supply, by any displacement that the uterus could be made to undergo through any pathological changes.

My attention was first called to some of these facts some eight or nine years ago, during my service as house surgeon at the Woman's Hospital in the State of New York. As each house surgeon in that institution had under his care the patients of different attending surgeons, he had the opportunity of seeing the results of different methods of treatment. For example, as I look over the histories of the case which I still have in my possession, I find that the larger proportion of single women who were admitted into the hospital, were diagnosed as cases of anteflexion ; now, under the directions of one of the attending surgeons, all such cases were treated by divulsion, which was followed by the use of the glass stem and cup-pessary which straightened out the uterus very effectually as long as the glass stem was retained. At that time aseptics was by no means carried out in the same perfect way that it is to-day, and many of these patients had more or less febrile reaction follow the operatfon ; all suffered

more or less pain, and one or two cases of pelvic suppuration, which occurred at a later date in patients thus operated on, I am sure had their origin in the divulsion. On the other hand the patients of another surgeon were treated merely by rest and the lately so much abused expectant plan, but uterine rest was assured, one of the most important factors in the treatment of pelvic inflammations, as it is in the treatment of inflammation anywhere else in the human body. As to the results of these two methods of treatment, the patients treated by the latter plan did much better than those treated by the first, and with the exception of those cases of so called anteflexion, cases really of congenital deformity, and more properly called anteflexion of the cervix, nearly all recovered. Not being satisfied with the divulsion plan of treatment, about a year after I left the hospital, I wrote to all the patients thus operated on, with a view to find out what their condition might be. I received thirty-six answers to thirty-eight letters. Thirty-four were no better or worse, while only two had had no further trouble since the operation, and one of these was a case of congenital anteflexion of the cervix. Another striking case was that of a married woman who had never had any children, but who had had several abortions. When admitted into the hospital, she gave a history of gradually increasing pain in the pelvis, dysmenorrhœa and dispareunia since her last abortion, which had occurred some eighteen months before. On physical examination the uterus was found enlarged, retroverted to a marked extent, and accompanied by both enlarged and prolapsed ovaries, all of which seemed to be adherent to each other and exquisitely sensitive to the touch. The patient was at once advised to undergo an abdominal section for the removal of the uterine appendages, without which there seemed to be no chance for her recovery. She, however, refused to submit to an operation and was put on the expectant plan of treatment in order to temporise; applications of Churchill's Tr. of Iodine were daily made to the vault of the vagina, glycerine tampons were placed about the cervix, her bowels and general health were attended to, and she began to improve; the tenderness on examination began to disappear, her pelvic pains left her, and she considered herself practically well, although her uterus and ovaries remained in exactly the same condition as far as could be made out by the touch, with the exception that they had somewhat decreased in size. Contrary to the usual indications, a Thomas retroversion pessary was introduced and seemed to give her complete relief without any further treatment. I followed up this patient for a year after she left the hospital, during which time she seemed to enjoy perfect health.

There were other cases that were relieved of their symptoms without having the displacement remedied, that came under my observation. Since then, in private practice, I have had many similar ones who have become practically well in spite of displaced uteri. One very notable

case to which I was called for the purpose of removing the uterine appendages, and who had been in bed for three months, recovered entirely within six months without any operation, and who, I venture to say, enjoys life as much as any one to-day, and yet this woman has a very adherent retroverted uterus, which is only freely movable at the cervix.

As to forward positions of the uterus, I believe this condition is being diagnosed less frequently every day as a disease, as it is being generally recognized that such a position is the normal one of the uterus. Because the uterus is held fixed in that position, is no reason why the disease which holds it there should be given the name of the position, which in itself suggests no pathological condition, and only leads to confusion. Most young mulliparous women will be found to have their uterus in a position of anteflexion, while in parous women the angle between the body and neck becomes more or less obliterated, and we have as the normal condition an anteverted uterus.

Under normal conditions the cervix seems to be the only portion of tne uterus that is comparatively fixed, and in the pathological conditions that we have been considering, the cervix has deviated but little from its normal position. I also stated above that it was improbable that any displacement that the uterus would be liable to undergo in the pelvis, resulting from pathological changes, would interfere with its blood circulation. But this does not apply to cases in which the cervix becomes greatly displaced from its normal position. If we will look at the blood supply of the uterus, we will see that the ovarian artery, which supplies the fundus, is very tortuous. thereby allowing considerable freedom of motion to the body of the uterus, while the uterine artery, which joins the uterus in the neighborhood of the vaginal junction, pursues a much straighter course and, therefore, will not permit the same latitude of motion without causing an interference in the circulation ; likewise the return current of blood is accomplished by means of intricate venous plexuses that surround the uterus and terminate directly in the internal iliac vein, which leaves the uterus in the neighborhood of the cervix, and only indirectly in the ovarian which accompanies the ovarian artery above. Thus it is only fair to suppose that any great displacement of the cervix will result in a mechanical interference with the blood circulation of the uterus, and thereby maintain a condition of chronic engorgement which naturally would give rise to symptoms. In prolapse, where the uterus descends into the vagina, the increased size of the uterus is well marked, and the greater the degree of prolapse the more marked is the enlargement, and this is particularly noticeable in the size of the cervix, because here we have about the greatest deviation possible from the normal position of the cervix and consequently the greatest amount of interference with the circulation, the uterine artery being put greatly upon the stretch, while the uterine vein is bent double upon itself. Clinically we see this engorgement relieved as soon as the

cervix is maintained at its normal level in the pelvis. In these cases the greatest advantage can often be derived by rest in bed, with the uterus kept up by a uterine tampon, thereby allowing the uterine ligaments to regain a certain amount of their lost tone, and the uterine congestion to diminish, before undertaking any operative procedure to restore the injured parts to their normal condition. In cases of prolapse, in which the uterus is not retroverted, but merely occupies a lower plane in the pelvis than normal, such as we generally see as the result of tight lacing, I believe the engorgement in these cases comes from the interference in the circulation caused directly by the tight lacing itself, that is, by the constriction and pressure brought to bear on the abdominal vessels and which results in a general venous engorgement of all the pelvic veins

If my train of reasoning is correct, a displacement can no longer be considered a disease, but merely the result of disease, and consequently our treatment should not be directed towards replacing the uterus into its normal position so much as against the conditions which have brought it about, whatever they may be. After these have been remedied, rational attempts, such as continued pressure, pelvic massage, and a properly directed course of gymnastics, accompanied by whatever medical treatment may be thought proper, may well be made to restore the uterus to its normal positien in the pelvis, but I doubt very much if it is ever justifiable to resort to a serious operation to remedy a condition in no way dangerous to life. and in the vast majority of cases not even incompatible with the comfort of the patient. Nature is sometimes superior to art in her methods of cure, and I believe that often a pregnancy, where possible, followed by judicious management after confinement, will accomplish more and in a more perfect way towards the restoration of the uterus than anything that can be done by the physician. Of course, for obvious reasons, this can not always be accomplished, but when it can be, and the woman can be prevented from aborting during the first few months of pregnancy, I feel certain that this plan is the best to insure a perfect cure.

Some Points on the Treatment of Chronic Inflammation of the Soft Tissues.

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Written Expressly for this Journal.

Before entering on the subject of the treatment of this condition it will be advantageous to glance for a moment at the pathology and etiology which will help us to an intelligent understanding of the methods of treatment.

The anatomical conditions in chronic inflammations differ from those which we find in the acute forms in that the re-production of tissue and

the infiltration of serum is much more prominent. Changes in the subcutaneous and connective tissue are very marked, the parts becoming thickened, with an accompanying fatty change. The inflammation may be arrested at this point, or the tissue may return to its normal state by the re-absorption of the serum and the destruction of the other inflammatory products. The result of chronic inflammation in a mucous or serous membrane is usually hypersecretion of the part, less often there is but little excess of secretion. In inflammation of a severe type it may proceed to suppuration. When there is death of inter-cellular tissue where a circumscribed collection of proliferated cells is present, the surrounding tissue suppurates and eventually forms a circumscribed cavity containing pus.

Billroth says that if we microscopically examine pus from a cold abscess we will find it rich in fine molecules, but poor in perfectly formed pus cells. This is the result of its long retention in the body, and the changes by disintegration and chemical decomposition. It differs from the so-called laudable pus, in being to the naked eye thinner and clearer. Containing, also, fibrous flocculi and shreds of the disorganized tissue, and possessing a disagreeable odor. Sometimes these abscesses become incapsulated, the pus undergoing an emulsionizing process. At other times, though less often, there may be a re-absorption of the watery elements, leaving a cheesey residue. He says: If the abscess has perforated outwardly, and under otherwise favorable circumstances, these may be healing, but for this to occur, the ulceration on the inner wall of the abscess must cease, which generally only occurs where there is a sufficient development of vessels in the walls of the abscess. Under their influence the inner surface of the abscess changes to a vigorous granulation tissue, and then it condenses and atrophies to cicatricial tissue and the opposite walls of the cavity unite, as in the healing of acute or hot abscesses. The pus escaping from the opened cavity grows less and finally ceases altogether. In the vast majority of cases this healing does not occur. The general and local conditions are such that these cases usually go from bad to worse.

Chronic inflammation may also undergo a cheesey degeneration instead of its most common result—suppuration. This is seen in cases of caseous phthesis, and is a result of the failure of the vascular supply of the part. It is a form of ulceration or dry necrosis. This process is very often seen in chronic inflammation of the lympathic glands.

To obtain a clear conception of the proper methods of treatment of chronic inflammation of the soft tissues of the body it is necessary, first, to glance at the causes which result in these irritations extending through long periods of time, often months and even years. These irritations are seldom of a local character. We have as examples, of local irritation, bunions and corns from local pressure or friction from badly fitting shoes.

Gastric catarrh from irritant ingesta. Hence the removal of the local irritation causes the rapid disappearance of the chronic inflammation.

In the vast majority of cases the local causation of chronic inflammatory conditions is often very difficult to determine; heredity is a great factor in their production, but the environment, bad diet and hygiene are of vastly more importance in their causation. In some patients the morbid disposition will exhibit itself in diseases of the lymphatic glands, joints, or by slow and low grade inflammations of the lungs, and in others the inflammations are of a gouty or rheumatic character. In diseases of the lymphatic glands or the so-called scrofulous diathesis, children and young adults are more often attacked than those of more advanced age. The most common seat of the swellings of the glands in the submaxillary region, less often the occipital and sometimes the inguinal glands are involved. These swelling are dependent upon a morbid state of the whole lymphatic system, though local irritations may be slight factors in their production. In chronic enlargement of the glands of the neck in these patients the usual termination is in suppuration, fistules, ulcerations, and finally, disfiguring cicatrices result from these abscesses. When the mesenteric glands are involved, the emaciation and debility rapidly result from the changes in the chyle and the obstruction to the lymphatic ducts. Scrofulosis is most often inherited, but it is frequently developed by bad diet and improper methods of living; bad air with a diet of fermenting starchy food, such as badly prepared potatoes, indigestible bread, coarse oatmeal and impure milk.

In the treatment of scrofulosis the diet should first receive especial attention, as the result of careful feeding quickly shows itself in moderating the inflammation and removing the dyscrasia. Fresh meats, properly prepared, soft boiled or raw eggs, sterilized or pure milk, mealy potatoes, stale, well baked bread, and easily digested farinaceous foods are absolutely essential to the treatment. A special diet should be prepared for each individual; it must be rich in good animal food, as improper digestion and elimination are at the basis of this disease. Scrofula is simply a term signifying a debility of the system, and when this debility is overcome the scrofulous symptoms, as a consequenee, disappear. It is extremely difficult to make patients follow, strictly, dietetic treatment, but it is absolutely necessary that they should do so, if the disease is to be treated successfully. Scrofula is looked upon by many physicians as a special disease entity, similar in many respect to syphilis; this not the case, it is simply a starvation, and proper food and hygiene will generally relieve it. In some cases, however, it may be possible that syphilis is a factor in its production.

Cod liver oil as a nutrient is often used in this disorder, but in exceedingly fat children it is not only useless, but often harmful. In these patients the iodide of iron may be employed with advantage.

The forced feeding, with easily digestible nitrogenous foods of a high grade, combined with hygienic measures, such as salt water bathing, open air exercise, are absolutely necessary for improving the condition of these patients. A great many scrofulous children die, whose lives might have been saved, had their physicians recognized the paramount importance of scientific dieting and a hygienic regime.

Tuberculosis is an infectious disease frequently present in inflammatory conditions of the lymphatic glands, lungs and the bones. Chronic suppuration of the lymphatic glands often becomes tuberculous, at other times tuberculosis is said not to be present.

Heitzman (in his work on microscopical and morphology, New York, 1883,) says that in tuberculosis "*There is a want of living matter*, and to this deficiency can be traced all the features observed in scrofulous and tuberculous individuals." This involves the peculiarity that such persons are easily attacked by inflammation in general, and especiallv by "catarrhal" inflammation of the mucous membranes. This includes also an incapacity for reproducing blood vessels destroyed in the inflammatory new formation of medullary elements. Blood vessels, being at first solid, bulky cords of bioplasm, which, in a latter stage, are hollowed out, cannot be reproduced in certain inflamed districts, and by this fact a clear understanding of the puzzle termed tuberculosis is made evident to our minds. Dyscrasia, diathesis, disposition, and kindred expressions, filling medical literature and representing medical wisdom, deserve to be abandoned. For we have something positive, something that every one can comprehend; we have facts, replacing all former vague ideas expressed by a fanciful nomenclature.

Scrofulosis and Tuberculosis are Constitutional Diseases. Want of living matter causes these and many kindred diseases, as, for instance, caries of the bones, lupus, etc. Unfortunately, he says, I have not yet learned how to improve a person's constitution, how to increase his living matter. Could we but do that we might also extinguish forever the misery produced by these constitutional diseases which sweep away thousands of victims. Generations are sacrificed to an irrational mode of living, to an irrational waste of living matter. in excesses of all kinds.

As to more recent researches, I merely allude to the modern views, which decidedly favor the parasitic origin of tuberculosis. This, it is said, is a contagious, an infectious disease depending on the presence of a certain inoculable parasite. One claims that a certain disposition is required for the reception of the parasite; another says that every one of us is tuberculous, only in some there is no manifestation of the disease, etc. Tuberculosis seems a regular witch's caldron for the brewing of absurd theories.

A simple wound is sufficient to render a rabbit, a guinea pig, a dog,

etc., tuberculous, if these animals are kept in cellars, in cages, and poorly fed. Even a lion will die of tuberculosis under these circumstances. On the contrary, none of these animals will ever become tuberculous if left in freedom and simply allowed to enjoy fresh air, proper food, and to live in a climate suitable for their organizations."

In the treatment of tuberculosis, as in scrofulosis, the main point to be attained is the enrichment of the blood. This can be best accomplished by the forced feeding of beef and such other nourishing foods as do not readily ferment.

Under the efficient elimination of inflammatory products by the use of hot water internally, the tenderness and pain are much alleviated, the swelling of the lymphatic glands is reduced, and the parts put in a position for rapid repair and return to their normal state. The inhalation of large quantities of fresh air to oxidise the waste products must not be neglected. Turpentine, or kretol in strong solution, should be applied freely to the chest, and turpentine or other terebinthinate should be given in large doses, at least half a drachm, three times daily. Creasote, also, may be useful as an intestinal antiseptic. Perseverance in the use of the hot water, which should be taken four times daily, a glass or two each time, an hour before meal and half an hour before retiring, will bring excellent results.

Surgical Problems Demanding Attention.

By E. H. MATTNER, M. D., San Francisco, Cal.

Written for this Journal.

BRAIN SURGERY.

The surgery of the brain has of late received a large share of attention on the part of cerebral pathologists. The impulse in this direction was given by those who engaged in localizing cerebral functions, and was continued by surgeons bold enough to trephine the skull for the purpose of evacuating abscesses of the brain, and purulent accumulations of the temporo-sphenoidal region, in the fissures of Sylvius and Rolando. Our text-books and journals now embrace diagrammatic representations of the various convolutions which have been ascertained to be the seat of motor and sensory tracts, so that the ordinary student of medicine may master the leading features of cerebral topography. It is now expected that the average practitioner of medicine can place his finger on the scalp and skull corresponding to the Sylvian fissure beneath and locate other well known spots which have been demonstrated to be of surgical importance. The brain is no longer the *terra incognita* it was a quarter of a century ago, when the peripatetic phrenologist had a long plaster cast which had located upon its exterior the various "*organs*" of the mind. It was not presumed then that the "*centres*" of motility existed in the brain substance,

but that the "*gray matter*," so called, enclosed the "*white matter*," the first being devoted to intellective, and the latter to motion. Thus brainology blundered along until autopsies of those who died of apoplexy and cere bral lesions in general, revealed the fact that the location of coagula could be depended upon, as explanatory of certain paralytic states observed before death. For instance, if a coagulum pressed upon the convolution of Broca a paralysis of speech—aphasia—had existed from the apoplectic stroke till death. If the pressure were in the fissure of Sylvius, with paresis of the left arm and leg. then the clot would be in a certain location, the association of cause and effect having been observed in several previous instances.

If a patient has intracranial pressure. be stupid, partially unconscious, tetanic, with a disposition to turn to the right or left side, there being some discharge from either right or left ear, there is evidence of *otitis media*, with brain complications. Then, again, if there be thickening and discoloration over the mastoid region, the part should be exposed through a crucial incision, and the bone inspected. If a blow on the skull impart a disturbing influence a drill should perforate the external plate and ex pose the mastoid cells. If any pus or pent up effusion be present the perforation would give exit to the fluid. Now, after this operative procedure with some relief, yet with an increase of intracranial pressure, as evidenced by pain, paresis of arm or leg, with twitching of the left wrist, meningitis, with clonic distortion of the ankle, (the ear difficulty not covering all the pathological phenomena,) a lesion near the angle formed by the approxi mation of the fissures of Sylvius and Rolando might be inferred. If the indications be to trephine at a point where the middle of the fissure of Sylvius, and the lower point of the fissure of Rolando. may be commanded in a surgical exploration, a spot is to be marked on the scalp with aniline an inch above the top of the ear and an inch back of that line, which would be at the middle of a line drawn from the centre of the crown to the *meatus auditorius externus*. If the saw of the trephine be an inch in diameter she disc of skull removed gives room for quite a range of exploration.

Now, if the meninges bulge into the perforation, as if pressed outwards by incarcerated fluids, there is a demand for incisions with a sharp scissors, or the point of a keen-edged bistoury. If a gush of turbid serum flow, a projecting convolution may be perforated with a needle, the manipulation being with a view of striking a purulent cavity in the brain substance, or in an adjacent fissure or sulcus. If a pool of pus be struck the intercranial pressure will cause a gradual evacuation of the fluid, aseptic and absorbent lint being placed in the aperture of the skull. The flaps of the scalp are to be laid upon the lint and a flock of absorbent cotton bound over all. The patient may die of cerebral lesion, but the operation has

done everything that surgery can do to rescue a desperate case from the jaws of death.

The object of this paper thus far has been to call special attention to "a surgical problem now demanding attention."

We must know more about localities inside the skull than have heretofore been known. We ought to be able to place a finger on the scalp at a point corresponding with a motor or sensory track among cerebral convolutions. We should be able to locate the Isle of Reil, and to know something of its functions. The cerebral pathologist has of late taken the lead of the physiologist, reversing the usual order of discovery. Experiments made upon inferior animals have done somet' ing to solve brain problems, yet little has been thus far accomplished. The beginner in studies of this kind will be astonished to find how little he knows in regard to the location of several cerebral functions.

THORACIC OPERATIONS.

Another surgical problem demanding attention is in regard to the treatment of certain thoracic diseases. In hydrops pericardii, when respiration is dangerously labored, it is easy to insert a canutated needle beneath the lower end of the sternum on the left side, carrying the point of the implement towards the heart, and drawing off the serum enough to relieve oppression ; and if there be pleural effusion, an over distended sack may be evacuated through an incision made at dependent points between the ribs. It is a cowardly mistake to stand idly waiting for something favorable to turn up when nothing short of evacuation will save patients dying with pericardio-pleural distention. It may be well to push *digitalis* and other cardiac remedies in the progressive stages of the disease, but the time too often comes when operative means alone can save.

Lately a woman with a purulent accumulation in the right lung, low down, was in distress from inability to cough up the incarcerated pus. I submitted to her the propriety of sending an exploring needle between the ribs, and thereby endeavoring to establish evacuation of the effused fluid. After a day's consideration the woman consented to take the chances, and with a large exploring needle I penetrated to the purulent cavity and drew off a half pint of pus. This relieved the respiration considerably, and led to a freer opening with the knife. The aperture discharged several weeks, and then spontaneously closed, the lung cicatrizing at the diseased point. I was encouraged to make the operation from a successful one I made in the chest of a young man several years ago. In that case the lung never ceased to discharge a little occasionally through a sinus which would become occluded, and finally made a cure.

INTUBATION OF LARYNX.

Another surgical problem worthy of consideration is the O'Dywer method of intubation of the larynx in croup, diphtheria, and other cases of

acute laryngeal stenosis. In the history of the novelty thus far I have aimed to keep myself free from prejudice, and to watch the reports with scrutiny. And I must acknowledge a degree of candor on the part of champions that is seldom manifest among partisans. The best which can be said in favor of intubation is that it requires no cutting to execute the operative procedure. The choking produced by the ingoing tube is not severe nor lasting—in a second or two it is in situ; and when once in place the annoyance of its presence is not distressing. In fact the child breathes so much easier that it endures the slight inconvenience with comparative composure. The implement is to be worn from two to five days. If the disease be fatal in profundity, the presence of a breathing tube, whether in the larynx or trachia, is not going to save the patient. The idea is, as advocated by the champions of intubation, that the tube gives the afflicted child an opportunity to live till the danger line is passed, till swelling subsides and the exudation is cast off. The objections to intubation are that food can not easily be taken while the tube is in use, the trouble being that portions get into the larynx and excites coughing. This is a serious objection, and one which can not well be avoided. Another objection is that the tube is often displaced—coughed up or lost downwards. The *per cent.* of recovery after intubation is not satisfactory and assuring. Although half the cases pull through all right, we do not know but as many might have lived if no intubation had been done. At any rate, the advocates of intubation can not claim that the practice is established beyond question. Unless the tube be modified so as to permit of feeding, a grave objection to its use will always exist. Tracheotomy, with its accompanying intubation, permits of cleansing the implement often, allowing of feeding without the accident of choking, and there is no danger of displacement. The fact that the Emperor of Germany has worn a tracheal tube for months without great inconvenience will go a long way towards proving that tracheotomy is to be preferred to laryngeal intubation. The gravest charge that can be brought against tracheotomy is that blood has to be drawn—that traumatism has to be inflicted. While this is not a serious consideration for the operative surgeon, it becomes so for the unprofessional. Parents can not bear to see their darlings the victims of the surgeon's knife, and are apt, in the event of death, to ascribe undue importance to the "cut in the throat." I believe intubation has a place in surgery, and that it is to be employed when tracheotomy is not permitted. It is to be hoped, however, that therapeutics may yet accomplish what, in throat diseases, medicine at present is impotent to do.

ABDOMINAL SURGERY.

The surgery of the abdomen has been highly problematical, but thanks to gynæcological laparotomists, the doubtful and questionable have been largely consigned to the limbus of abrolescence. Incising the

walls of the abdomen is a pastime, and no longer to be executed with shaky brain and quaking hands. The only question in the matter is whether antiseptics are employed in the execution. I believe it has been satisfactorily demonstrated that Listerism is not a saving clause in desperate cases. Cleanliness is to be enjoined as an antiseptic precaution. To wet or spray delicate peritoneal surfaces with carbolic acid or corrosive sublimate, is to be too scientific for any use. Expose the viscera as little as possible, and do as little violence to peritoneal tissues as practicable. A physician unfamiliar with the usual display of the adbominal viscera, will grope about aimlessly, not seeming to know beforehand where a viscus or part of a viscus may be located.

If cancer of the pylorus be anticipated, and the investigator have scirrhus in view, he should be able to place his finger at once on the morbid part, and not turn and overturn a measureless amount of intestinal folds. If there be suspected a scirrhus condition of the œsophageal aperture of the stomach, the morbid spot should be located at once, and if incission of the morbid mass be impracticable, as it is in most instances, a way must be established to feed the patient through a tube kept in the abdominal wound, or a fistulous aperture must be established in the stomach. The latter is the most satisfactory. The walls of the stomach are drawn out of the abdominal incision and a long needle thrust through the protruding mass to secure it steadily in that position, while the peritoneal covering of the stomach is carefully stitched to the peritoneal lining of the abdomen. In twenty-four hours the sutured junction is quite complete. The long needle may then be withdrawn, and an incission made in the parietes of the stomach. Into this aperture the nozzle of a glass funnel may be inserted, through which nourishment may be supplied. In this way the patient can be kept alive and in a condition of comparative comfort for months.

HYSTERECTOMY.

A problem of considerable interest at present is whether a cancerous uterus, in its earlier stages, is to be let alone or to be removed, and if the latter alternative be chosen, whether the diseased organ is to be taken out through the abdominal walls or through the vagina. I am a firm believer in normal hysterectomy, but entertain grave doubts about the propriety, except in selected cases, of attempting to remove a carcinomatous uterus through the vagina. Epithelioma of the *os tincæ* and cervix may be excised with ease, and the ultimate result is as satisfactory as uterine oblation. In the first place it must be considered that *carcinoma utcri* is incurable—no kind of treatment can do more than prolong life and mitgate misery; hence the less the danger the better. There is practically no peril in amputation of the uterine cervix, therefore it is vastly to be preferred to hysterectomy, which must ever be one of the most dangerous

operative procedures. In advanced cases of *carcinoma uteri* the rectum and bladder are apt to be involved in the morbid mass, so that uterine removal almost certainly involves a rent into one or both cavities, and the entailment of incurable fistulas. The surgeon, then, should weigh every fortuitous circumstance hysterectomy may embrace, to be prepared for multiple contingencies.

LICENSING OF MIDWIVES.

An Urgent and Serious Problem.

By Robert Campbell Eve, M. D., Augusta, Ga., Assistant to the Professor of Obstetrics in the Medical Department of the University of Georgia; Chairman of the Section on Medical Jurisprudence, Augusta Academy of Medicine; Member of the Georgia Medical Association.

Written expressly for this Journal.

As I comprehend the duties that devolve upon the profession, both individually and collectively, with no view to assuming the role of the mentor, I hold there is one office that has a common claim upon us all, whose import is paramount, and the discharge of which is a pleasure to him who is endued with an exalted conception of his profession, and whose impulses are actuated by an unfettered noble sense of duty, and not by the consuming avarice of sordid gain.

This duty involves the correction of existing evils that impair, and the averting of pending evils that menace the health and strength of the common weal.

The special evil to which I now propose addressing your attention, and inviting your deepest consideration, is doubtless manifest to all. Even the veriest tyro in the practice of medicine is not oblivious to its existence. Yet it remains one, than which to my mind, no question should centre a greater or more vital interest. And I shall trust, as a fruition of my efforts, to evoke that co-operative work, on the part of the profession, requisite to its correction, and if not absolute correction, a change sufficiently radical as to ensure a betterment of its present status, and thereby in the future exert an inhibito or restrictive influence, upon indiscriminate and ignorant midwifery as it now exists.

A casual or abstracted view of this subject, will fail to apprise one of its fa-reaching ill effects, but to him whose interest is enlisted, an hour's reflective thought will suffice to survey it in its entirety and develope its different phases in such a light as to cause a concurrence of opinion as to its enormity.

My mind is incapable of conjuring an evil, or malpractice fraught with more dangerous consequences, both immediate and remote to the mother and offspring, than the pernicious, and I might say, barbaric practice of midwifery, as it is employed by the average midwife in the Southern

States. To convey an adequate description, or an attempt at characterizing a typical representation of this clan, would indeed be futile, but to approximate as nearly as possible a true representation, would be to present a picture of not merely an illiterate, but in the vast majority of instances, a superannuated, decrepit old negress, benightedly superstitious, without precept or guide, with naught to recommend her but the fact of having served in the capacity of nurse in a lying-in chamber, thus to her own satisfaction, acquiring, what by the physician is only achieved after years of careful study, that knowledge essential to the proper management of the parturient. There can be no more potent factor in racial declension, than the deterioration or degeneracy of the physique of her women, for whatsoever impairs her strength, is transmitted as a certain heritage to her offspring. Hence, a natural and to be expected sequel, we would observe a vitiation of the physique of the youth of the country. Therefore, in order that any nation attain to its highest developemental state, mentally, physically, and morally, it is a pre-essential, that her health departments be ever vigilant in the detection of evils of this character, and ever ready in the adoption of such safeguards, as will shield her from the inroads of charlatanism, and its correlative evils, ignorant pharmacy, and ignorant midwifery.

Now the two former having been reached, and materially changed in most States of the Union, through the instrumentality of State Medical and Pharmaceutical Boards, it next rests upon our legislative bodies throughout the United States, to enact such laws in this direction as will be at least sufficiently effective as to place her women beyond the pale of woefully ignorant midwifery.

The situation is one of moment, and for cogent reasons demands an investigation by the medical profession of every community, and as the conditions that obtain and the customs that are operative, bearing upon this question, are markedly different, of necessity distinct plans would be formulated, which should be subjected to the conjoint deliberations of the medical and legal professions, with a view of, through their combined efforts, framing such a law as would best meet the requirements of the respective States. I feel it would prove uninteresting and reflect upon the intelligence of my readers to pretend to set forth at length a detailed account, or anything approaching one, respecting the innumerable ills arising from the practice of ignorant midwifery. Yet it may not fail altogether of interest and profit, to collate a few facts, more especially those extracts from the records of vital statistics of this and other countries. Demonstrative of the incalculable good resulting from educated midwifery service, and as a marked expression, illustrative of the many inestimable advantages to be gained thereby through preparatory training, may be cited the following:

In Germany and France, where stringent restrictions are in force, the

midwife making application for license, is compelled to satisfy the rigid rrquirements of a Board of Examiners as to her fitness. The qualifications embracing education, moral character, and theoretical and practical knowledge of the science of midwifery. Here we remark an extremely low per cent. of still births, ranging from three to three and a half per cent. Now to the institutions of a comparison in this particular of the metropolis of our own country, and that of Germany, respectively, New York and Berlin. In the former the register of vital statistics shows the percentage of still births to be eight per cent., while in the latter the percentage is a trifle more than three per cent.

All being required by any one desiring to engage in the practice of midwifery in New York, be it either the ubiquitous old bedlam through ignorance ever prating her midiavel traditions, or that most despicable of characters, that hell inspired monster of evil the criminal abortionist—all is the same—no questions are asked, fifty cents for the purchase of a license and all obligations are satisfied. Astounding as it may appear, these creatures contribute to the records almost half of the reported births of New York. With the above facts as a guide, I think it safe to affirm, although I am unable to verify it as there are no obtainable statistics, that the percentage of still births being eight per cent. in New York, taking the aggregate per cent. of the country at large, it must be far greater. A commentary truly to be deprecated, one that imprints a stigma upon the enlightenment of our civilization, negatives our claim upon the honor of ranking among the foremost nations in the promotion of scientific advancement and progress, and loudly proclaims to the world, that midwifery, as it is practiced in America, is but the prostitution of the science of obstetrics. Despite my most earnest endeavor to delineate as graphically as possible the consequent ills incident to this practice, I find the further prosecution of this research to be seriously militated against, on account of there being no registered records other than those pertaining to still births, which denies to the writer no inconsiderable advantage, for unquestionably, the adduction of the strongest and most impressive truths that I could offer in support of my position would be gained from this source. Be this as it may, I shall repose in those under whose observation this may chance, that good judgment necessary to the making of the proper inferences and deduction, from the ensuing authoritative information.

It is estimated first, that in the hands of physicians, seventy-five per cent. of all deaths among women in child-bed, result from septic infection. Though this be a discredit to the physician, clearly evidencing inexcusable negligence in the non-observance of the laws of anti-sepsis, yet I dare say, were we in a position to ascertain the figures computing the number deaths that yearly occur through filthy midwives as a source of infection, it would show a mortality truly appalling. There still remains many less virulent and transitional grades of sepsis traceable to this origin, which

entails upon the poor woman days of suffering, and not infrequently does it happen that when she finally regains her strength sufficiently to resume her work, she then awakens to the realization that she is forever robbed of her wonted vigor.

Second, it is a known fact that out of all cases of congenital blindness, with its varied possible causes, the one disease opthalmia neonatorum is responsible for sixty-five per cent. The most limited and meager conception of this disease presupposes the knowledge that we have a seldom, if ever failing preventive, in the employment of prophylaxis. Its occurrence, followed by loss of sight, would be a misfortune indeed, and subject the attending physician to severe criticism, as the profession would be loath to accept it as inevitable, but on the contrary would look upon it as the outcome of gross carelessness. Such being the case, is it not reasonable to presume, that a very much larger proportion of congenital blindness is due to the uncleanliness of midwives.

Third, the avenue of infection, in tetanus nuscentium is usually the umbilical stump, which receives its infection from the material used in tying the cord and dressing the stump. The midwife in the performance of this act calls for any available string and piece of cloth, it being immaterial as to whether it is clean, or from where obtained, and in this way not seldom, lighting up tetanus. This explains the so-called peculiar susceptibility of negro infants, for negroes in confinement, are more often attended by midwives.

Fourth, how repeatedly does it happen that the physician in attendance upon the parturient, or being hastily summoned during confinement, finds himself confronted by grave conditions imperiling the life of his patient, or as it may be, two lives, that of the mother and offspring. Here no time is to lost, for these cases necessitate immediate and prompt action, taxing the best energies of the operator, and calling into requisition his concentrated forethought and judgment. For solely dependent are they for their safety upon the timely intervention of scientific skill.

That our minds may better compass, or measurably fathom some of the untold horrors, the outgrowth of consummate arrogance, that dominant characteristic of ignorant midwives, let us conceive of a desperate case falling under her care, where death seems imminent, and the unfortunate sufferer in the throes of mortal agony. If death does not ensue and she survives, it is nothing short of miraculous, and means the supervention of a supreme power, for she usually elects to play one or the other of two roles, both of which are culpable—the one by interference, intensifying the agony with the effect of hastening the sad end—the other by omitting to do anything, but dispel the anxiety of the unwary by persistent assurance and reassurances that all will be right, until death proves the emptiness of her vaunted knowledge, whereas the timely assistance of a physician might have been availing. Were the physician guilty of such

remisness, it would be rightly adjudged criminal. But here for the same offence, attributable to criminal ignorance, absolutely no redress.

We now turn our thoughts to the devising of some means pointing to a solution of this problem. Here I am reminded that there are manifold contingencies to be met foreseen and unforeseen, and it is not without trepidation that I place before you as a suggestion, the measure that compares most favorably with my views and according to my best judgment, the one easiest of execution, more general in its application, and the medium through which we can expect the best results. This plan looks to the establishment of maternities throughout the different States, where the midwife may be trained and required to exhibit certain prescribed qualifications prior to embarking in this practice.

I will not broach a formal analysis or discussion of the advantages to be wrought by such an expedient, for I feel that they are palpable and stand out in bold relief, appealing to the intelligence of every thinking member of the profession. Let us in keeping with this train of thought, casually glance at a few of the pages of midwifery's past history. When the false tenets of midwifery were dissipated, and this branch of medicine no longer held to be a mere handicraft, the possession of an ignorant class of pretenders, but being rightly esteemed worthy of the dignity of a science. 'Tis then, closely following upon the revolutionizing of this misconceived idea, that we observe the advent of an enlightened era, with its continued expansion of obstetrical training upon a scientific basis, until many material changes have accrued from the advancing years. No chapter, however, in its history contributes a more marked enhancement, than does the one revealing the establishment of the maternities, which rank to-day as the foremost promoter in its teaching, and stands the invaluable and indispensable adjunct to the teaching of its practical principles. No one will attempt to gainsay that the same urgent extremities demanding legislative interference in the practice of midwifery in the South, is to be encountered in the Northern and Eastern States. They broadly differ and similate each other in exceedingly few particulars, as will be seen from a hurried survey of some of the more striking and peculiar advantages that are to be found in the Northern and Eastern States.

First. We would be much surprised to know that the ignorance was of an equal degree, or as prevalent, owing to the population of the North being almost distinctively white, and her educational facilities so far superior.

Second. That aversion to being treated at hospitals, or maternities, so common among a certain class in the South, is practically unknown in the Northern and Eastern States.

Third. The proportionate number of cities whose population would warrant the establishment and support of these institutions, is infinitely in excess.

Fourth. The women engaging in this practice, are by no means comparable from point of ignorance with the abjectly deficient class in the South, ninety-nine per cent. of whom are negroes.

The State and municipal government should not be alone looked to for the maintenance of maternities, for a charity so worthy and deserving, and one that subserves such manifold good purposes, should meet the universal advocacy of all philanthropic citizens. What more commendable, what more meritorious charity, than that one that erects a haven for the protection and care of the poor unfortunate woman. No charity should appeal so strongly, or merit a warmer response than this one, for philanthrophy's crowning and illustrions virtue, is the protection and care of women.

In drawing to a close the above short treatise of this subject I do so mindful that there are other not less important, and equally valid reasons, that might be urged forward supplementary to those as set forth in so brief a review, but here allow me to mention that I have purposely refrained from entering upon an elaborate or exhaustive dissertation, for such would compass a volume. It being the purport of these remarks, to embody as concisely as is consistent with the materializing of my expressed aim, the subject matter of a descriptlve sketch of some of the more pronounced and prominent features of this evil.

With the hope in this manner of depicting the perverseness of its character, and its hurtful entailments, and thereby arouse the profession to that interest in its iuterdiction, which brooks no disappointment, and is only satisfied when success attends and the desired end is achieved.

A Retracted Testicle,

By Ben. H. Brodnax, Brodnax, La.

Reported Expressly for this Journal.]

Several nights since I was called to a negro man of about forty years of age. When I arrived I found him lying on his back on the floor, his legs extended on two chairs. Examination showed the left testicle retracted into the sheath above the scrotum and against the foreaman. It was pulled so tight that it required considerable force, under chloroform, to get it down, and when down would instantly rebound if let loose. I succeeded in getting an elastic band above it and fastened the two testacles down with this band in the lower part of the scrotum. He usually wore a flat pad truss to prevent it from retracting, but when he attempted to lift any thing above his head the truss failed and the testicle would slip up. So long as he kept his arms down below the shoulder lever, the truss held all right, but the moment he raised his arms above that level the testicle sprang back. By the elastic band above the two I have thus far helped him, but have advised that he have the spermatic corded ligature and

divided. One curious point is that the right testicle hangs loose and naturally in the scrotum.

This is the only case that has come within my knowledge and I thought it curious enough to put on record.

"A CURIOUS CASE."

I have now in charge a white woman, 60 years of age, of good general health and vigor, who was partially thrown and partly fell from her road cart (jumper). In the descent she "lit on her knee." She continued for several days to drive, but complained of some slight soreness inside the abdomen. On the fifth day she sent for me to show me an eruption that had come out on her. She was broken out all over the vulva and lower abdomen, inside of thighs, arms and buttocks, with rose pink pustules of various sizes, from a ¼ to ¾ of an inch in diameter, slightly raised above the surface and full of pus, was exceedingly painful and itched.

Preparatory to putting her on an alterative treatment, I gave her a powder composed of equal parts of boric acid and acetanilide ground to a fine powder, with instructions to damp the surface and sprinkle it thickly with the powder, which I have called "boro-acetanelide."

Previously, for several nights, she had slept very little on account of the pain and itching, but she slept from 7 till 12 soundly. She was awaked by the uncomfortable stickyness of the parts which adhered to her night dress. She got up, washed the parts clean, redusted, covered with cotton and a guard, and retired. She slept soundly till 8 o'clock, when she woke up feeling much better. On examination the pustules were empty except two or three of the larger ones, and the inflammation and color had faded away. Two more applications of the powder cured them up. The powder seemed to deplete the inflamed parts as well as act as an anæsthetic.

But two days after she complained of trouble in the region of the womb and bladder. I was of opinion it was a case of metritis, but could not convince my patient of it, as she urged her age and the fact that the menses has ceased for near twenty years. But I treated the bladder with permanganate of potass. and the womb with the Sims' treatment, glycerine and tannin, and the boro-acetanelide powder with success. But the pain shifted to the stomach, with all of the symptoms of inflammation. The breasts became enlarged and painful. Gradually all these symptoms subsided and then anasarca of the legs set in with chills and fever, and constipation. At this point I called in my colleague, Dr. Geo. H. Ogbourne, and we put her on the "Soda Bromide of Calcium Compound" and "Sanmetto." The intense neuralgic pains gradually disappeared, and the lady is now doing well. Time, from first of attack, five weeks.

Now I want to say a good word for these two really good proprietary

medicines. In spite of my best endeavors to counteract these shifting neuralgic pains, from bladder to stomach and back, I got no really permanent effects until I put her on these two. I am satisfied that "Sanmetto" is the safest, pleasantest, and most effective genito-urinary alterative and tonic I have ever tried, and as a general systemic alterative the "Iodo Bromide" is "neck and shoulder" ahead of them all. I take pleasure in recommending them, to my country brethren, as the best combination in such cases as discribed herein, they can have.

And now I want to ask my brethren what, in their opinion, could have brought on this long series of troubles. Could a fall of two feet bring on such troubles? At present writing she can walk about the room with but little trouble, only a slight soreness in stepping heavily. Her bowels, which were badly constipated, and irregular, now move naturally without any cathartic. During the last seven days she has only taken the two medicines named.

The Resuscitation of Stillborn Infants.

By Joseph Eve Allen, M. D., Attending Obstetrician to the City and Freedman's Hospitals of Augusta, Ga.

Written Expressly for this Journal.

The failure of the medical attendant to resuscitate an infant that has come into the world stillborn is one of the most unfortunate occurrences incident to obstetric practice. The effect upon the mother is always distressing, and is sometimes disastrous, for the mental shock and great depression produced may give rise to *post partum* hemorrhage from uterine relaxation, or to severe nervous prostration that will interfere very materially with the normal progress of the pueperium. These bad consequences are readily understood when the condition of the woman immediately after delivery is considered. Her system has just been taxed to its utmost, every nerve and muscle has been put to the greatest tension, and she is in a highly excitable and impressable state closely bordering upon exhaustion and collapse.

Through the pains and anguish of labor she has been sustained by the bright hopes that centre in maternity; for many weary months she has looked forward to this event as the reward of her sufferings, the fruition of all her fondest anticipations. To have these hopes suddenly shattered. to find that her exertions have been in vain, and her expectations blasted and ended perhaps forever, is a bitter disappointment that destroys the last remnant of self-control, and she breaks down in a physical surrender pitiable to behold and direful in its results. To the obstetrician the death of a stillborn infant in his hands is often personally very annoying, for no matter how skillfully the case has been managed, the friends of the patient, in their desire to find an object on which to vent their vexation,

will pour out upon him the full measure of their censure and abuse; he will always be charged with ignorance and neglect of duty, and be regarded as a miscreant and a murderer. Every physician who engages in obstetric work should, therefore, for the sake of his patient, as well as his own reputation, understand fully, and be able to practice dextrously, the various methods of resuscitation that modern science places at his command.

The object of this paper is not to advance a new proceedure or advo cate any one method, but simply record my experience in resuscitating stillborn infants, and to insist upon the great importance and necessity in such cases of making a prompt diagnosis and recognizing at once the exact condition present and the causes that produce it, so as to be able to apply successfully the proper treatment. Clinically stillborn infants are divided into two distinct and clearly defined classes presenting entirely different symptoms and requiring different methods of resuscitation. These classes are, however, but stages of the same affection, (asphyxia neonatorum,) and in order to understand its etiology, pathology and therapeutics it is necassary to briefly review the mechanism of respiration at birth and the changes induced in the infantile organism by the arrest of this process or its failure to become established. Respiration, though an involuntary process, is dependent upon the nicely adjusted action of many voluntary muscles. This co-ordination is effected by the influence of nerve centres, seated in the medulla oblongata. The motor centres of inspiration and expiration are, according to Christiani, situated higher up, in the cerebrum, the one for inspiration being in the optic thalami and floor of the third ventricle, and the one for expiration in the corpora quadrigemini. These cerebral centres are directly connected with the co-ordinating centres in the medulla oblongata, and are alternately in a state of activity, their action being altogether automatic. The degree of excitability and stimulation of these centres entirely depends upon the circulation in the brain, principally on the amount of oxygen and carbonic acid contained in the blood. Blood rich in oxygen or deficient in carbonic acid does not stimulate the respiratory centres, and apnœa, or total suspension of breathing is the result. This is the condition of the fœtus in utero, and is due to the fact that the blood is so thoroughly oxygenated in the placenta that it is incapable of acting as a stimulant upon the undeveloped respiratory centres. Excess of carbonic acid in the blood acts as a powerful direct excitant to the respiratory centres, first producing increased action, then over-stimulation and ultimately exhaustion. Hence, when from any cause the placental circulation is suddenly disturbed, or interrupted, the fœtus at once makes respiratory movements which are soon arrested, however, by the stimulation of the inhibitory superior laryngeal nerve by the entrance of liquor amnii into the larynx.

That intrauterine respiratory movements are due to the accumulation of carbonic acid in the blood, and not as Preyer supposed to the action of

external stimuli, the experiments of Engstrom have conclusively proven. When the disturbance to the fœtal circulation is very gradual, respiratory movements do not occur, for then the gaseous alteration in the blood takes place so slowly that the nerve centres loose their irritability before the carbonic acid reaches an amount sufficient to act upon them. The reason why an infant breathes as soon as born is because the respiratory centres are stimulated by the increased venosity of the blood, and reflex move ments are excited by the friction and pressure to which its body is subjected in passing through the maternal parts. The cooling of the skin from the rapid evaporation of the liquor amnii, when the child comes in contact with the air is a very efficient factor in the establishment of this process. This increase in the venosity of the blood in the fœtal brain, which makes it a stimulant to the respiratory centres, is owing to ths disappearance of the Eustachian valve and the consequent admixture of the currents of the cavæ in the right auricle during the last month of gestation. The carbonic acid is still further augmented during the second stage of labor by the uterine contractions interferring with the circulation in the placenta.

After air once enters the lungs, breathing is kept up by reflex action through the stimulation of the pulmonary branches of the vagus, together with impulses received through the cutaneous nerves. That the first respiratory efforts are due to centric and not to peripheral irritation any obstetrician can readily demonstrate for himself by examining the face of the infant through the rectum when, during delivery, the head has fully distended the perineum, regular respiratory movements can then be easily perceived.

Reflex action is much more active through the cutaneous nerves than the vagus, because, as Von Preuchen's observations have shown, the terminal nerve filiments in the skin are rendered more sensitive by a venous state of the blood, hence external stimuli are able to excite respiration after the cerebral centres have lost their power of responding to the irrita tion of carbonic acid gas.

A stillborn infant is an asphyxiated infant, and the changes caused by this condition are manifested in a certain regular definite order thus, during the first stage the oxygen being rapidly used up, the carbonic acid accumulating in the blood stimulates the centres of the medulla and violent effort calling into play all the extraordinary muscles of respiration is the result. In the second these centres become over-stimulated, the inspiratory muscles become less active, the expiratory muscles contract energetically, all the muscles of the body become contracted, and general convulsions supervene. The heart beats slow, full, and vigorously, and the arterial pressure is increased owing to the constriction of the smaller arterioles from venous excitation of the general vaso motor centre. The respiratory centres are exhausted and almost paralyzed in the third stage

of asphyxia, breathing occurs only at long intervals, and is feeble, irregular, and gasping. The capillaries are bloodless and the heart's action is almost arrested, pulsation, however, continues for sometime after respiration has entirely ceased. The cardiac disturbance is due partly to the over-distension of the right cavities, and partly to rhe effect of impure blood upon the heart muscle. The left auricle, ventricle and arteries are always found empty, while the veins and right side of the heart is engorged.

In practice cases of asphyxia neonatorum are distinguished as either congested or anemic, the diagnostic point between the two forms of the disease being marked by the loss of tonic muscular contractility.

The Congested Form of Asphyxia Neonatorum, Symptoms.—The child is black and blue, face bruised and swollen, eyeballs injected and protruding, mouth foaming with thick glary mucous, the head does not hang down, or the lower jaw drop, the reflexes are perfect. The heart's action is strong and tumultuous, and the respiration is superficial, irregular, and accompanied by great facial contortion. Expiration is much more marked than inspiration.

Etiology.—This state is generally due to causes impeding the cerebral circulation, which operate only for a short space of time, such as arrest of the shoulders after the delivery of the head, delay in the passage of the head in breech cases, wrapping of the cord around the neck, compression of the cord, &c,

Prognosis.—The prognosis in these cases is always favorable, they often recover without treatment, and with proper attention resuscitation is certain. When neglected, however, the child sometimes passes into the graver form of asphyxia, the nerve centres become permanently damaged and death results.

Treatment.—The treatment consists mainly in exciting respiration through reflex action by the employment of such external stimuli as dashing with cold water, applying whiskey to the genitals, dipping the body first into a warm and then into a cold bath, &c. The infant should be suspended with its head down just long enough to free its nose and mouth from mucus, for the prolonged continuauce of this position aggrevates the trouble by increasing the congestion of the brain. The cord should be cut before ligation, and an ounce or two of blood allowed to escape. Artificial respiration is seldom required, but when necessary the method of Schultze is the one that best meets the indications, for by it good expansion of the lungs is secured, and the forcible expiration expels fluids that have been drawn into the bronchial tubes.

A much more important effect of Schultze's manipulations is, however, the unloading of the engorged vessels by the compression of the entire thoracic contents, for during the expiratory movement, the blood is pressed from the heart into the arteries, thus making room for the current

from the pulmonary veins, and the inspiratory movement aspirates the blood from the capillaries into the venæ cavæ. Thus the heart's action is imitated, the circulation reinforced and the arterial tension restored. This method is practised by grasping the infant with both hands, the thumbs resting against the thorax, an index finger in each axilla, and the fingers across the back. It is then suspended with its abdomen to the front, its head hanging back, the face being directed to the operator's knees. In this way elongation and stretching of the chest walls are produced, and the weight of the lower extremities drag down the diaphragm, giving rise to inspiration. The child is then swung forward and upward above the head of the operator until its body rests upon his thumbs with the head flexed and the legs falling forward and downward, thus compressing the chest and causing expiration. This proceedure is entirely too violent to be employed with feeble infants, where syncope is threatened.

The Anemic Form of Asphyxia Neonatorum, Symptoms.—The child is white, cold, perfectly relaxed, and almost in a state of syncope, the eyes are lusterless, with pupils dilated, the lips are colorless, the mouth falls open, the muscles are flaccid and the sphincters have lost all power of con trol. The heart beat is weak, frequent and hardly perceptible. There is no pulsation in the cord. Respiration may be entirely absent, or is jerky, shallow, and gasping, the lateral chest walls moving slightly only at long intervals. In some cases life seems entirely suspended, the asphyxia being so profound that the eqidences of vitality are utterly inappreciable.

Prognosis.—The prognosis is very unfavorable, both as to resuscitation and the preservatioh of life afterwards, yet most remarkable results have followed persistent, well directed effort and, therefore the obstetrician should not stop in his attempts at resuscitation until all the resources of science have been exhausted. I have repeatedly seen infants revived and restored to vigorous life after having been given up as dead for a considerable length of time. No child should be counted lost as long as there is the faintest flicker of cardiac action, and efforts should be continued even after the heart has ceased to beat. It often requires more than an hour's hard work in these cases to start the feeblest attempt at spontaneous respiratory movement. Such hopeless cases have, however, recovered under proper treatment. The prognosis is especially bad when intrauterine efforts at respiration have taken place, because the filling of the chest with liquor amnii, vernex caseosa, mechonium, and other foreign material, often effectually prevents the enterance of air, and injures seriously the lung tissue.

Etiology.—The anemic form of asphyxia may be due to causes present either in the maternal or fœtal organism, or in both; thus any thing that produces a vitiated state of the blood may give rise to it, viz.: insufficient nutrition, syphillitic, malarial, or uræmic poisoning, toxæmia from sepsis, chloroform, opium, or chloral, &c. Interference with the fœtal circulation

is a very frequent cause, as in cases of torsion, prolapse, or compression of the cord, compression or premature separation of the placenta from tonic uterine contraction in long labors, or where ergot has been improperly administered. Excessive loss of blood by the mother, either from pulmonary or intestinal hemorrhage, wounds, placenta previa, &c., causes the infant to be stillborn. Hemorrhage into the fœtal brain in tedious instrumental and breech deliveries, and in prolonged detention of the head in the pelvic cavity, in cases of deformity, also produces this result.

Treatment.—A diagnosis can generally be made, and the condition of the infant anticipated, before its birth from the history of the labor and close observation of the fœtal heart sounds by repeated auscultation. Slowing of the pulsations during the interval between the pains is the first indication of commencing asphyxia. When the medulla becomes more obtunded and the pneumogastrics paralyzed the heart's action becomes very rapid and denotes an advanced stage of asphyxia. In such cases the accoucheur should have his course of treatment thoroughly mapped out, and have every thing in readiness to operate promptly as soon as the child is born. The trouble being a want of arterialized blood in the brain, this deficiency should be supplied by suspending the infant head down, so that gravity may aid the flow to this part. The cord must not be tied until all pulsation has stopped, for in this way, as the experiments of Budin and Schucking have demonstaated, the infantile circulation gains from two to three ounces of blood. The flow of blood to the infant may be facilitated by delivering the placenta by Crede's method, and by intermittantly and gently stripping the cord from its placental to its abdominal extremity. These proceedures should, however, be practised with extreme caution and only while the cardiac action is fairly good, so that the excess of blood can be pumped into general circulation, for otherwise death may be caused by over-distension, or rupture of the heart, as in a case reported by Illing.

It is a waste of precious time to try to establish respiration in an anemic stillborn infant by any other method than insufflation of the lungs either by the direct application of mouth to mouth, or by means of a flexible catheter introduced into the trachea. All other methods are too slow and the handling of the infant, which they require, will stop altogether its enfeebled heart. The infant having been placed on its back, in front of a good fire, the operator should blow into its mouth gently, slowly, and intermittantly, and just strong enough to expand the lungs moderately, for too great force will produce permanent dilatation, or rupture of the pulmonary alveoli. During the insufflation the infant's nose should be closed and pressure with the hand should be made over its epigastrum to insure the passage of air into the lungs and prevent undue distension of the stomach. Expiration is effected by compressing the sternum and lower latero-anterior region of the chest wall. Suction at this time will

aid very materially, and clear the bronci of mucus and other matter. Insufflation must not be carried too far, however, because it may, as Gad has shown, sometimes entirely arrest spontaneous respiratory movements by filling the lungs so full of air that the blood becomes so charged with oxygen that it does not stimulate the nerve centres.

Reflex action being in abeyance no good can be obtained from cutaneous stimulation. Friction, with hot whiskey, and immersion in a warm bath, is of benefit, however, in keeping up the body heat.

When the heart becomes stronger, and the color returns to the skin, and occasional efforts at breathing show that the sensibility of the medulla is restored, the obstetrician may suspend direct insufflation and resort to some other way of maintaining the respiration artificially. The Sylvester method is the one to be employed, because it necessitates the least exposure and manipulation of the infant. To practice this method the infant should be well wrapt up and surrounded by hot bottles. It is then placed upon its back with the shoulders elevated sufficiently to prevent the jaw falling forward on the chest and the tongue drawn out by a tenaculum so as to afford free entrance of air. The obstetrician then takes hold of the child's arms near the elbows and carries them upward and outward as far as possible above its head, an assistant at the same time steading and holding the feet fixed. Thus the chest is fully expanded and a deep inspiratory movement produced. The eversion of the arms is a very important part of the proceeding, for owing to the manner in which the pectoralis major is inserted into the outer lip of the bicepital groove of the humerus this motion renders the muscles more tense, and the effect is twice as great as that produced by carrying the arms upward and inward.

The air is expelled by bringing down the arms and pressing them firmly against the sides. Artificial respiration should be alternated with warm baths until the breathing becomes full and unembarrassed.

In the treatment of anemic cases, the employment of other measures in addition to artificial respiration will often be found of benefit; thus repeated hypodermics of brandy are of great service in keeping the heart up to its work, and when collapse seems inevitable large enemas of hot water (104°–108°F.), as advised by Jacobi, some times have a most happy result. When it is evident that there is a deficiency of fluid in the vessels, the subcutaneous injection of a saline solution into the back, by means of a Truax pump, is very efficadious. This is rapidly absorbed, the circulation is strengthened and reaction takes place, when death seems certain. For this purpose four ounces of a $\frac{1}{10}$ per cent. solution of common salt in water should be used.

The stimulation of the heart by scratching its apex with a fine needle inserted through the chest wall has been attended with good results in some reported cases, but in my hands it has always been a failure. Fara-

dization of the phrenic nerves has also proven exceedingly unsatisfactory. This method of treatment is only useful in the congested form of asphyxia.

Infants that have been rescued from death by asphyxia neonatorum should be closely watched, and kept warm and well nourished for some days afterward, for relapses often suddenly occur.

Asphyxia neonatorum is a very important subject—one which demands the earnest consideration of every conscientious physician, for although many cases are irremediable, still it is certain that future investigation will greatly reduce the present high mortality of this, one of the most frequent and fatal of the diseases of the newborn infant.

The Inexact Science.

By S. S. Towler, M. D., Marienville, Pa.

Written Expressly for this Journal.

"Medicine is not an exact science." These words have been written and spoken a great many times. Some two years ago Dr. H. H. Kynett added to them, "and never will be." I do not purpose in this paper, to explain, why and wherefore it is not exact. The very thought of attempting that very large contract, forceably brings up the memory of a very pleasant visit I once made to a comfortable home. The father had bought for the instruction and amusement of his children an excellent microscope with a number of mounted objects. Amongst these were some grains of colored sand. One of these was placed under the 'scope. As the children viewed it in turn, exclamations of surprise, followed expressions of delight. The good mother determined that the opportunity should not be lost "to point a moral." She began, "my dear children, if this instrument, the invention of man, so magnifies the grain of sand, that it looks as large as-as-as-a pea, how much more must the all-seeing eye of God ——." She paused, and "pater familie" put in: "Now, my dear, don't get beyond your depth."

That little incident abides with me, and has saved me many times from wading into a subject until at least some soundings had been taken. The inexactivity of this inexactness is too much for me. Ah, there! if after that, any one thinks that the common country doctor can not manufacture terms and words, as well as some of the greater lights in the profession, "let him be anathema." But as the cry of "plagiarism" is so much in the air now-a-days, I solemnly aver that, if any one has used "inexactivity of the inexactness," before, I am innocent of the attempt to defraud. It was on my part a case of "spontaneous combustion."

I would like, however, to draw attention to some things, every day affairs, that are largely contributary to the inaccuracy of the science. To begin with, there is that curious thing about medicine that, as one grows

older, daily grows upon him, namely: that the more you know of it, the less you know you know. As we realize this it comes in direct contact with our attempt to dodge the issue. Our conceit comes in conflict with our candor, our frankness with our self-esteem, what we do know with what we don't know. It is easy to come out of the struggle with a weariness of the flesh, and an anxiety of spirit, that makes one either a routine conservative, a radical experimentalist, or a sort of medical agnostic. If we adopt the routine practice, we soon drop behind in the race. We are then no longer observers or investigators. We become merely sort of clerks, dealing out the ideas, successes or failures of others. If we become the radical experimentalist, that very fact inclines us to jump at conclusions.

More than twenty centuries have gone by since this science of ours divided into Dogmatics and Empirics. We are very largely at that point yet. The position of the dogmatics, that, before using a remedy, we ought to be fully acquainted with its action on the human system, looks well in print. But just how to know that without more or less of the experimental of the empiric, is a question dogma does not solve. Pushed to its logical conclusion, dogmatic medicine would seem to lead us to what the Homœopathic brother fondly calls "Provings." To what absurdities these latter lead can be seen from an article on "A Proving of Parafine," taken from a Homœopathic journal. This article, after detailing as "provings"—"cutting pains," "twisting pains," "stabbing pains," "pressing pains," "sticking in the forehead, extending into the nose," and other horrors, adds the following calamities thereto:

The patient, or victim, "having lain down a quarter of an hour, and having placed the right hand under the head, there was experienced a feeling of painless shock, so that the hand under the head was drawn away and the legs were thrown from the sofa." * * * * * "The nose is moist, and there is frequent desire to blow it, *but without sneezing*." * * * * * * "When standing on her feet, has a desire to put one foot over the other." * * * * * "After having passed the night rolling around in bed without waking," * * * * * * "she wakes at five o'clock, the bed clothing thrown aside, and without her night cap, a thing which had never happened to her before." Of this nonsense the editor says:

"We are indebted to ———, M. D., for *a very valuable* proving of Parafine."

The foregoing quotations and record are little more than four years old. To "regulars" these things are amusing. We wonder that the good brother, having discovered that the medicine, in certain doses, takes the clothes off, does not push his investigations a little further, and according to his creed, find out just what dose would put the clothes, including the night cap, on again. But as I am not writing this "just for fun," or for

the mere purpose of "throwing rocks," it leads me to the following inquiries:

How much, if any, more valuable are the conclusions that we sometimes draw from our own doses? How many times have we shut ourselves up, against honest conclusions, because that the very honesty of the thing left us little to boast of? How many times have we led others astray by statements of effects of such and such remedies in our hands, that investigation would give the lie to? Excuse the expression, I am only asking a question. How often have we simply known that the patient recovered. and took credit for it, when we could not have told what the dosage effected? How often have we given incompatables, and taken credit for scientific treatment, because the patient got well? How much do we advance the accuracy of the science by reporting simply "one hundred cases of scarlet fever without a death?" Hundreds of cases of light type get well that never see a doctor. Of what value is the statement that we have had hundreds of cases of obstetrics and never used ergot or forceps?" There are old grannies that can say the same thing. What good is in "a line of treatment for diphtheria, that never failed," unless we get, and honestly get, the severity of the cases with it?

How many of us have the moral courage to report that in an epidemic we lost ten out of thirty, under such and such treatment? Boards of health give us the mortality, but not the circumstances, the treatment, the carelessness or faithfulness of the nursing. We lack the very facts that gave rise, or were contributary to the mortality. Who knows? We do, but we don't tell. Yet how very much a faithful reporting would help us to become more exact in the practice.

How is it that we have, year after year, detailed cases, by scores of "observers," (?) of wonderful successes in the treatment of a given disease, by directly opposite methods? Why is it? I take it, there can be but one honest answer, viz.: too much scientific romancing, medical fiction, the doctor "the hero," the patient "the rescued," with never "a victim" in the plot.

Take the reports of the very numerous new cures of that arch enemy of ours, consumption, in the last few years. How do they read? About this way: "Of fifty cases, thirty recovered, ten much improved, seven no improvement, but appetite better, three died, *but* they were too far advanced for any treatment to be of use." Of course they were, they always are, unless some other fellow treated them. There is such a sameness about them all, except in treatment, that you lay your reading down with a weary sigh.

How is it that every new preparation, put on the market, finds at once a host of enthusiastic admirers and users, who certify that they are going to prescribe it all the rest of their days? How is it that the newest "text-books," and the latest advice of our best men, are, so far as practice is

concerned, "not in it?" Why? Because the chemist has kindly provided for us "just what we ought to have," *and* because we have gone from the slow moving dogmatic, *to the empiric, gone mad.*

There is not much comfort to be got by turning back to the conservative (?) routine, so-called dogmatic. He still goes on prescribing beer for nursing women," when he ought to know, and probaly does know, that gallons of it do not contain as much nourishment as a pint of milk. He still believes that he controlled that *post partum* gush of blood by a dose of ergot. He ought to know that another such gush, immediately following the first, and his patient would have been dead, long ere his ergot got in its work. The bleeding stopped, that's enough for him. Why? is a different question. He still continues to give brandy, strychnine, nitroglycerine, and digitalis, all at the same time. If he should happen to be giving digitalis alone, and over-does it, he will still pour in big doses of brandy or whiskey to "revive" him. He will still administer alcohol both in high inflammatory conditions and syncope.

By the way, is there anything in the whole list of medicaments that is prescribed so recklessly as alcohol, by all classes of physicians. Is there any science, let alone "exact science," in the way we have been dealing out that article. Is it not true, that if the so-called success of the Homœopath, with his ridiculous attenuations, is due to the fact that "the patient would have got well any how!" then every time the "Regular" *says "he cured"* those same diseases, with potent medicines, he virtually admits that he was practicing humbuggery, and in a far more dangerous form than the Homœopath.

Is it not true, that if "suggestion" will make a man well, it will also make him sick. Then let us ask how much "suggestion" of disease there is in the ever present medical almanac, the glowing medical advertisement, the drug store, and us solemn gentlemen, in Prince Albert's, that daily parade ourselves and our wares. If psychology must determine the limit and bounds of our art, we may as well admit at once that we don't know what we are doing. Is it not true that, (with a few notable exceptions,) in those diseases that, years ago, authorities declared the "prognosis unfavorable," we still have the same results. Is it not true that, viewed as a whole, with all our new remedies, our success has been in those diseases in which the "prognosis was favorable," these many years. Is it not true that the greatest advance has been in "surroundings" and "care of the patient," and not so much in treatment. Have we not time and again shifted from bedrock to build on sand.

The surgeon has done better than the physician, but even his advance has been greatest in the line of "surroundings." The "skillful operator" is no new personage of our day only. The surgeon has learned this, that he can successfully invade almost any part of the body, and remove a morbid growth, *provided* he can start clean and keep clean. To be honest

with ourselves, has it not taken a long time to learn that important yet simple thing. Is it not true that a host of physicians have not yet learned that, in the care of the sick. Is it not true that with care, thought, thoroughness, and less perfunctoryness, we could all have done better, been more exact.

There is a class of medical journals that one can tie to all the year round. Journals whose editors weigh and wait for results, at the same time that they give us as medical news all the really worthy points that are sprung on a deluged profession. But there is another class of journals that some medical men effect to despise. They say, "there is nothing in them, every Tom, Dick and Harry, that has an idea, or thinks he has, gets it off in a letter, and then flatters himself that he is an author, and a big gun in the profession." I can't see it in that way. It looks to me as if that class of journals brought one more in touch with the great mass of practitioners than any other agency we have. It's true that pages may seem worthless, a little grain too much chaff, but the other view still remains, is there anything that gives you such a broad and general view of what medical men are doing, than these same journals. You read one letter and say, "Bosh!" You read another and find "that fellow has got some sense," (he probably agreed with some idea of your own). The next has below it a little note from the editor informing the writer that "his diagnosis was all wrong," and setting him right. That tickles you—the other doctor got a jab. Your "text-book" may give you "a practice of medicine," those journals give you "medicine as she's practiced." (Apologies to the author of "English as she's spoke"). From Bar Harbour to the Golden Gate; from Manitoba to Brazil; from the poor, weak little fellow who always wants help, to the strong man who is full of kindly suggestion, and as we say up here, "sound horse sense," what a broad view these give you. Ah! the medical man that don't read them, misses half the information, and nearly all the fun he ought to have.

It is not the purpose of this paper to answer the questions asked, nor to suggest a remedy. Nor has the writer broke loose as a medical reformer. He believes in his art, and in thousands of practitioners in it. As a loyal Pennsylvanian, he believes that his State can produce the peers of any physicians or surgeons on earth, both in the exercise of skill and conscience.

But if the writer can, in his crude way of describing our sins of omission and commission, rouse himself, and other sinners, to a realizing sense of our shortcomings, his ambition will be more than satisfied. If we learn to be more exact ourselves, the "science of medicine" will become at least *not* as "inexact" as it is. But, brethren, it *can't* become more exact with the present tendency to *level it down to a trade*. A trade, with all the jealousy and the miserable carping competition of "only business." Stand daily, hourly for the dignity of *the profession*, the good it has done, the im-

mense good it can do when its scientific aspect is not clouded with personal foolishness.

Concerning Bone Marrow in the Treatment of Pernicious and Other Forms of Anæmia.

By I. N. Danforth, A. M., M. D., Chicago.

Written for this Journal.

The publication of Prof. Thos. Fraser's case of "Pernicious Anæmia" in the British Medical Journal of June 2d, 1894, and of my own case in the "Chicago Clinical Review" of October, 1894, may be said to mark a new era in the treatment of this remarkable and mysterious disease. Since the publication of my paper, (as above stated,) I have received many letters from physicians asking for suggestions as to the preparation and exhibition of bone marrow, and I have thought some practical hints might be published with profit.

Comparing the results achieved in Prof. Fraser's case and my own, it does not seem to make very much difference whether the yellow or red bone marrow is employed. Prof. Fraser's patient was a laboring man, "a gardener, 60 years of age;" he had been accustomed to the plain and not over fastidious diet which the laboring classes subsist upon; so far as he was concerned, the "pleasures of the table" consisted in devouring a "square meal" rather than toying with and nibbling at a six-course dinner. His stomach would tolerate the marrow of the long bones without any complaint. Prof. Fraser states that the patient took "ox bone marrow by the mouth, uncooked, and in the quantity of three ounces daily," and that "almost immediate improvement occurred." On the other hand, my patient was a female, with a delicate and fastidious digestion, which, at the time I began giving bone marrow, was in a wretched state of inaction, almost unable to tolerate food or medicine of any kind. I began giving the yellow or long bone marrow, in large capsules, five or six capsules, equal to, perhaps. an ounce of marrow a day. An improvement in the patient's condition certainly took place, but the capsules were difficult to swallow, and the idea that they contained bone marrow raised, after a time, a mild gastric revolt which would have very soon compelled me to suspend the treatment, and did compel me to evolve the plan I adopted for the extraction and administration of the red marrow. Theoretically, the red marrow ought to be the most efficacious, because it is more immediately concerned in the genesis of hæmoglobin, yet, as far as the two cases quoted indicate anything, they point to the conclusion that yellow marrow is, if given in large quantity, as certain a hæmogenetic as red marrow, and that both have a well nigh marvellous power in that direction.

As regards my case, the criticism has been raised that I administered

arsenic along with the bone marrow extract, and that much, perhaps all, the good results were due to the arsenic and not the bone marrow.

I ought to have stated in my paper, but did not, that arsenic, iron, strychnine, phosphorous, beta-napthol, salol, and every other remedy which promised any results, has been tried, without the slightest benefit. In fact the patient failed daily and continuously, until death seemed imminent. But within a week after I began the use of bone marrow, at first the yellow marrow without arsenic, an improvement was noticeable—an improvement which I will summarize by saying that all the symptoms showed an appreciable change for the better. After about a week's trial of the yellow marrow, given in large capsules, I began the use of red marrow extract, which I shall describe presently, and along with this I gave five drops of Liq. Potass. Arsenicalis, three times a day. But the marrow had already evinced its power, while the dose of arsenic was never more than five drops three times a day, whereas the advocates of arsenic strenuously insist that large doses must be given, (Osler has given 30 minims, three times a day,) if radical results are to be reached. Precisely the same criticism may be made as to Prof. Fraser's case since, along with the bone marrow, arsenic, iron, and salol, were alternately given. But these remedies had been faithfully tried by Prof. Fraser in the Royal Infirmary of Edinburgh, *nearly six weeks* before the bone marrow was given, and the disease progressed toward a fatal end with its accustomed inflexibility. At this time bone marrow was added to the arsenic and iron, and "an almost immediate improvement occurred." Moreover Prof. Fraser expressly adds that "no benefit was obtained; that. indeed, deterioration occurred during the prolonged administration of iron and arsenic in both medium and large doses; but that the remarkable improvement which occurred was produced only after the administration of bone marrow had been commenced, while it continued to be produced during periods in which neither arsenic nor iron were being administered."

The concurrent experience of Prof. Fraser and myself then, if the treatment of one case apiece can be called "experience," is most positively in favor of bone marrow in the treatment of pernicious anæmia, that dread disease which has heretofore been regarded as practically beyond cure. The question arises, why should not bone marrow be equally as valuable in all cases of anæmia. In fact, I think future experience will demonstrate the great value of bone marrow and its derivatives in the various forms of anæmia, or on the other hand, it will demonstrate that Prof. Fraser and myself are wildly enthusiastic in our deductions as to our respective cases.

At the present writing, (January 4th, 1895,) my patient is suffering from a relapse, due to overstrain during the Christmas holidays. For some time previous to Christmas, she had omitted the bone marrow extract, or had taken it by "fits and starts," and she had noticed a consider-

able failure of strength and vigor, showing that she had not reacquired her blood making power, but was still dependant on an extrinsic supply of hæmoglobin, from the bone marrow. Of course, no case can be considered "cured," unless the power of hæmogenesis, the loss of which is the essential factor of the disease, is reacquired, and *a priori*, there is no good reason for believing that bone marrow or arsenic can confer this power. But the same course of reasoning applies to iron and other restoratives in the other forms of anæmia, wherein permanent recoveries are so common that they excite no comment.

A question of considerable practical importance is how can bone marrow be given.

In some cases the marrow from the long bones can be given to the amount of three or four ounces a day with excellent effects, but in clinical experience such cases must be rather rare, because comparatively few patients have stomachs which will tolerate such treatment. One of the great difficulties in the management of pernicious anæmia is to keep on good terms with the patient's stomach and induce it to perform its functions in something like a normal manner. But when the yellow marrow can be taken in sufficient quantity and for a sufficient length of time, it will probably accomplish in other cases what it did in Prof. Fraser's case.

But the great majority of patients suffering from pernicious or other forms of anæmia are females with fastidious stomachs, who cannot take three ounces of yellow marrow a day ; but as the yellow marrow is mainly composed of fat and contains comparatively little hæmoglobin, it follows that it must be given in large quantities if any marked effects are to follow. For such cases, some other method of giving bone marrow must be devised, and it was such an emergency that led me to undertake experiments in the extraction and preparation of red marrow, which is really "a blood forming organ" (Landois & Stirling, p. 636). It is not necessary to detail these experiments, but it will be sufficient for me to say that I found a glycerine extract of the cancellated tissue of the ribs of calves easy to prepare and very efficient as to results, as I have now demonstrated in two most aggravated cases of anæmia, and in several cases of milder type.

I have used the glycerine extract combined with arsenic, with arsenic and phosphoric acid. with Horsford's phosphates, and uncombined with any other remedy, and have observed about the same results in each instance. Phosphoric acid and the acid phosphates correct the silly sweet taste of the glycerine, and thus render the preparation more palatable.

Quite recently I have had an expert manufacturing chemist make some experiments for the purpose of producing an eligible preparation of red bone marrow for the market, and since I commenced writing this paper, he has brought me a sample of bone marrow "cordial" which is very palatable, and will soon be placed within reach of the profession. It is exceedingly desirable to have the bone marrow treatment of the various

forms of anæmia, and especially pernicious anæmia, tested with scientific accuracy, to the end that its merits, or demerits, may be established once for all. For myself, while I now entertain high hopes as to the value of bone marrow, and especially *red* bone marrow as a blood-making agent in anæmia, I do not forget that the records of the past twenty years are honeycombed with evidences of colossal failures of remedies which started out with prospects as brilliant as those which illumine bone marrow to day.

So far, in my own practice, I have employed the anterior extremities of calves' ribs, just posterior to their junction with the costal cartilages. Any other cancellated tissue would probably do just as well. I think it advisable to make use of the bones of the calf rather than the ox, first, because the process of development is much more active, in the former, and the marrow is likely to be richer in hæmoglobin; secondly, because the danger of tubercular, pleuro-pneumonia, or other infection from the marrow of the calf will be so extremely slight as to be scarcely worth considering, while in the mature animal there is a possible danger in this direction.

My method of preparing bone marrow extract is very simple: The ends of calves' ribs are comminuted and covered with glycerine; after a week's maceration in the glycerine (with occasional agitation) the extract is filtered through flannel. The product is a bright red fluid of the consistence of glycerine, which contains hæmoglobin in solution. Of this two drachms are given after each meal.

Of course this is a somewhat crude product, but as I have already stated, a more elegant preparation will soon be placed within reach of the profession.

70 State St.

Peritonitis.

By J. W. Young, M. D., Bloomfield, Iowa.

Written Expressly for this Journal.

The peritoneum is a vast membrane lineing the abdominal wall and covering all the viscera below the diaphram. In the male it is a closed sack, while in the female there are two openings through the fallopian tubes by which the ova and some fluids may pass out of the body and disease can and do enter the cavity of this highly and sensitive chamber.

It is not my intention to give the anatomy of the peritoneum, but wish to say, this interesting membrane of the abdominal viscera and lineing of the walls, has some characteristics of the integument which covers the out side of the body.

The skin is abundantly supplied with blood vessels, and by reason of its construction in certain conditions, throws off large amounts of fluids in

perspiration and is capable of absorbing certain materials with equal facility.

The peritoneum seems to be so constructed that large amounts of fluids can enter its cavity, in certain abnormal conditions, and this fluid as well as blood, after laparotomy, are rapidly absorbed into the general circulation and a healthy condition of the peritoneum may result.

The peritoneum is abundantly supplied with blood vessels, highly sensitive to injury, and when certain micro-organisms are introduced into its sacred precincts, causing a wonderful degree of imflammatory action, with intense suffering of the victim, life is frequently distroyed.

Peritonitis is usually described as circumscribed and diffused, also certain chronic forms, but it will be my aim to only speak of a part of the conditions of this disease I have found in a general practice.

The cause of all peritonitis must be, and is, the entrance of abnormal geams into this sensitive membrane. In the female the streptococi, and other disease germs, do enter through the fallopian tubes, from the abortionist's probe, the gynecologist's sound and by means of fluids injected into the vagina and uterus by the woman herself.

In both males and females the germs which produce inflammation of the membrane may enter its cavity, first, through a rent in the gut wall, by wounds of extreme violence, by openings which have been made by fish bones, pins, etc., which have been swallowed, and by certain germs which find an entrance into the blood and are deposited on its surface through the channels by which the serous fluid gets in the cavity.

It is a well established fact that pus germs and other micrococi capable of producing untold mischief, are constantly getting into our bodies, and if it was not for the constant warfare of the vital force which destroys this hoard of invadors, all human life would soon be extinct.

In certain states of the system a crop of boils develope in various parts of the body. Can any one deny, in the pathological light of the present day, that pus germs do not float in the blood current, and having passed the gauntlet of the vital forces, find a lodgment after passing out of a capilary into a tissue and a nidus of inflammation is begun, and the result—a boil.

When we realize that germs do float in the blood, that the vital forces are weak from exhaustion, by chills to the surface of the body, or any depressing agency, and that inflammations do occur in the closed cavity of a joint, the pericardium or pleura, is it not a logical conclusion that germs may and do find a lodgment in the peritonium through the same channels and make the characteristic inflammatory process peculiar to each germ.

It has seemed to me, while watching a case of peritonitis, that very many of the phenomena exhibited, resemble erysipelas in the skin, such s the manner of progress, the active inflammation, the spreading by con-

tinuity, and the final decline of all symptoms of disease in the cases that get well.

It seemed to me in a diffused case of peritonitis that the germs developed more rapidly than in the skin, but like the phenomena of erysipelas, streptococci became so numerous, and being hedged in by the vital force to some extent, perished in their own filth, as some writers claim these creatures do in erysipelas of the skin.

If this fact is true, and I believe it is, then peritonitis like small-pox, measles, and other maladies which run a specific course, exhibiting certain phenomena and the patient gets well, provided the system is strong and proper management is had. It may be in certain individuals, and at times in the same individual, the vital forces are so weak, or as the "lay" speak of it, the "blood is bad," the germs developing with great vigor, and the tissues are so badly injured, and system poisoned by the products, that the patient speedily perishes.

In certain cases after perforation of bowels either from a gun shot wound or from ulceration, and contents, swarming with germs, are poured into the peritonium, the shock which naturally follows such conditions so overshadows vital force, together with the peritonitis following so quickly, the victim speedily dies.

Now, when called to a case, when you are certain there is a leak from any cause, from any part of the intestines, what is to be done? If the patient was not already exhausted from some other malady it would certainly be the duty of the attendant to open the abdomen, properly close the rent in the gut, cleanse the peritoneum of germs as well as can be done with warm sterilized water, and close the abdomen and keep the patient in a warm atmosphere. I would constantly keep hot flannel packs over the abdomen and give opium in some form, first, last and all the time in sufficient quantities to allay pain and put the intestines in splints, so to speak, till resolution of the parts take place.

If a mild grade of peritonitis is found, and seen shortly after the initial symptoms come on, I would give salines freely, or castor oil in large doses, and thoroughly and rapidly empty the whole canal. This, in many mild cases, will abort the mischief, by the capillaries pouring out large quantities of the fluids into the bowel, and thus carry the bacilli and ptomaines out of the tissue, and out of the body. If after well cleaning out the bowel the peritonitis still remain, either local or diffused, it is well to cast our "sheet anchor," opium, and weather the storm as best we can.

How are we to know when to open the abdomen and search for the leakage? I will simply give this rule: first, when from the profound shock, such as you find after gun shot wounds, with large opening in the gut; second, when you have demonstrated that pus exists, either by palpatation or by the hypodermic needle, then proceed to open the abdomen with the best antiseptic surroundings you can secure.

Small openings, either from ulceration of the appendix, or other part of the canal, will often make a peritonitis which can readily be managed; also, in many cases in which the germs enter by the fallopian tubes, the inflammation will begin in mild form, and often circumscribed, and I feel like adding a word of caution to the general practitioner, and even to the surgeon: study well the cases before determining to open the abdomen. If the case is mild and you see it in time, use hydrogogue cathartics freely if you so determine; if this fails to abort, then put your trust in opium and moist heat.

You ask why do I use opium at all? many writers claim this agent only eases the pain, makes a false security which deludes the attendants and friends, or masks the enemies guns. I answer that opium in some form, given in this disease, gives the patient comfort while the disease runs its course; that it paralyzes, partially, the great sympathetic nervous system which rushes an overwhelming amount of blood to any part of the body which has been injured, or is painful. I want to stop the influx of blood into the inflamed peritoneum, and opium does the job better than any agent I know of. Why do I use hot applications on peritonitic abdomens? I answer, for the same reason that I would plunge a crushed hand into very warm water and keep it there for hours and even days, because it helps to quiet the pain, and the well known action of moist heat on inflamed tissues, is to lessen the inflammation by allowing the congested blood to leave the part by the natural channels. It is the same force which makes the washerwomen's hands so pale and shriveled when she takes them from the hot water.

In applying the hot pads over the abdomen I wish to give a mode which I have found useful. Prepare two pads of old flannel, of any sort, so that when folded it is from one to one and one-half inches thick, cut large enough to cover the entire abdomen. Keep one of these in an ordinary cooking steamer, over a kettle of boiling water, while the other is on the patient's abdomen. You will find them as hot as you desire, and there is no need of burning the hands, as you do, when you are wringing them out of hot water.

There is one more idea I wish to bring out, and that is, when you have commenced to use opium in a case of peritonitis do not give a cathartic till the disease is well. If the bowels become painfully tympanitic use an enema of soapsuds, with one half drachm of turpentine, which will usually empty the colon of feces and gases.

I am of opinion, that a strong cathartic action in intestines, whose whole structure is inflamed will simply break down the hedges which the vital forces have builded, and like overflowing water the inflammation will inundate more territory, or send germs into new tissues which had not and would not be invaded on account of the breastworks built up by the vital force.

The Radical Cure of Varicose Veins.

By Charles Phelps, M. D., Surgeon to Bellevue and to St. Vincent's Hospitals, New York.

Written expressly for this Journal.

Varicose veins of the lower extremities are so frequent that they are often considered unimportant. They are so little amenable to palliative treatment, and so little benefitted by ordinary methods of operation, that they are usually relegated to the class of ailments which are to be passed over as easily as possible, or simply enumerated among the ills to be endured rather than to be cured. Their prevalence among elderly people, and multiparous women, whose manifold disorders are so readily ascribed to irremediable conditions, has still farther detracted from a disposition to give them serious consideration. The advisement of an elastic stocking ordinarily satisfies the sense of professional responsibility.

I long since came to doubt the truth of the assumption that they were either unimportant or beyond the pale of operative cure. An official position, which involved the physical inspection of large numbers of men, demonstrated to me that this condition was of very frequent occurrence in comparatively young subjects of otherwise unexceptionable *physique*, who were thus incapacitated for the preferment which they sought. A lengthening experience in private practice discovered frequently recurring instances in which it seriously impaired physical capacity, either through ulcer or eczema, or from simple circulatory disturbance. Dangerous and even fatal hæmorrhages from rupture of crusal varices had been repeatedly brought to my notice in my service at different hospitals. It seemed to me farther that the inefficiency of the means employed for their relief was attributable rather to a lack of appreciation of the immediate end to be accomplished than to any inherent impossibility of its attainment.

Five years ago I described a method of operation which I believe to embody the principle essential to medical cure, and which had been made practicable by the introduction of aseptic forms of procedure. The operations most practised at that time, and still in favor, consisted in excision of a portion of the vein, or in the application of a very limited number of ligatures, at considerable distance from each other. Such measures were sure to fail to just the cases in which interference was likely to be demanded.

It is obvious that when the internal saphena is swollen from the foot to the saphenous opening, and the whole leg is covered with a network of enormously distended and tortuous venous streams, tributary both to it and to the external saphena, that interruption at one or even several points must be insufficient to force the whole mass of blood into the deeper vessels. A single comglomeration of varices, however large, may be successfully treated by excision, or it may happen that a somewhat extended line

of varicosities occurring in a single vein can be effaced by ligation at distant intervals. If a vein were a simple tube, closed from end to end, it might be obliterated by a simple obstruction made at its proximal extremity; but even then there must be as many sites of operation as there were veins involved. In fact, each vein of magnitude receives an indeterminate number of others, and its varicosities can be solidified with certainty only by such multiplication of points of obstruction as will insure the termination of each tributary in an individual *cul de sac*. The complete obstruction by clots of each and every varicose veins throughout its whole extent is the principle upon which any successful operation must be based. The manner in which it is effected is of importance only as it concerns practicability and safety. In this view I have resorted to multiple subcutaneous ligation, which is, perhaps, practicably the only way in which the indication can be fully met. To attempt the consolidation of so many veins at so many points as I have often found requisite, would by any other means necessitate a formidable operation.

The essential principle involved has been some times overlooked by surgeons who have thought they were following the procedure which I have suggested; I have seen a number of cases in which many subcutaneous ligations had been applied, but in which the result was imperfect, because notwithstanding the number of ligations the veins had still failed of methodical occlusion. I have been assured that subcutaneous ligation of varices is not a novel method of treatment, which is doubtless true, but the entire occlusion (of every vein involved throughout its whole extent) has not, so far as I know, been previously advocated, and it is the principle, and not the method of its application, upon which I insist and which constitutes the essence of the operation.

The operation, as I have done it, where the varicosities are many, requires great patience and the expenditure of much time. In many instances I have occupied from one to two hours in the performance, working with the rapidity which comes from habitude, and with the aid of two assistants, and even of a third. who may be engaged in the ligation of the vessels of the opposite extremity.

In very simple cases, in which not more than twenty or twenty-five ligations are required, and when the patient is possessed of some fortitude, it is possible to dispense with an anæsthetic, but ordinarily, while the application of a single ligature is not attended by any great degree of pain, the aggregate amount of suffering entailed by their multiplication becomes insupportable without anæsthetic relief.

As in all other operations, aseptic methods and precautions in preparing the limb, in operating, and in dressing, should be scrupulously observed. Veins even of considerable size are lost to sight in the recumbent position. It is, therefore, necessary to mark in advance the points at which the ligatures are to be applied; this will prevent flushing the

limb during the progress of the operation, as ordinary coloring matters are washed away. I have found the iodin. tr. most convenient for the purpose. It is well to first ligate in the most dependent parts to avoid effacement of these guides by hæmorrhage coming from points above.

The distance between the ligatures should vary in accordance with the size and varicosity of the vein and the number of its apparent or probable anastomoses. In long stretches of large but comparatively straight vessels the intervals may be from one and-a- half to two inches, but as a rule they should not exceed one inch.

In masses of dilated and convoluted veins, forming a vascular tumor, the ligatures should be first applied to every immergent and emergent trunk that can be distinguished, and afterward carried over the entire mass if its size will permit. I have sometimes been compelled to defer the final ligatures to a secondary operation. I usually employ cat gut threads of the size denominated "violin E"; the smaller veins may be better tied with a smaller gut, and the largest, as well as the vascular tumors, with the coarser varieties at discretion.

The needle most convenient for use is straight, flattened, sufficiently broadened toward the point to enclose an eye for the ligature, and provided with a handle like that of the instrument intended for suture of the abdominal walls. The ligature is to be carried immediately behind the vein and through the skin upon the opposite side, and the needle unthreaded and withdrawn, leaving the ligature in situ. The needle is then to be passed in front of the vein through the openings which it has previously made, and the end of the ligature caught and brought back. The vein having been thus subcutaneously included, the ligature is to be tightly tied, cut short, and the knot left in the wound. If the gut is small, the knot may slip beneath the skin; this is probably unimportant, though I prefer that it should remain upon the surface.

It may happen that a large tributary vein, passing vertically inward to an intermuscular space, may leave a globular varix in the interval between two ligatures, which will require subsequent ligation. This may be effected by carrying the ligature deeply along one side of the anastomotic vein, re-entering the point of exit and conveying the ligature at right angles to the second point of exit, and by a continuance of this method surrounding the vein and finally bringing out the end of the ligature at its original point of entrance.

The number of ligatures demanded is matter of absolute indifference. They should be counted only when the operation has been completed by the occlusion through its whole extent of every vein large enough for isolation; there is no other limit to ligation, and the patient will recover with equal rapidity whether there have been few points of ligature or many. If through fear of unduly multiplying ligatures, veins of moderate size, not yet varicose, are neglected, they are liable to a subsequent en-

largement, which may be more or less compensatory in character. In this way some of my earlier cases were less completely satisfactory than are those of more recent date.

At the time of my previous publication the largest number of ligatures which I had applied, in a single operation, was seventy-three, and it then seemed to me a very large number indeed. I have since very frequently used from seventy-five to one hundred, and in one instance one hundred and ninety-eight to the two extremities.

After the application of aseptic dressings, each limb should be confined upon a posterior splint, and the patient kept in bed for two weeks. In the event of suppuration convalescence will be probably prolonged, and this accident may occur though asepsis has been apparently perfect. The especial danger seems to exist in a septic quality of the cat gut. No harm results beyond the longer detention of the patient in bed, and the trouble involved in more frequent dressings.

I have described the technique of operation with some minuteness of detail, because it is not well known, and because it may make it practicable to some gentlemen who are not much in the way of general surgery.

This method of treatment is devoid of danger. The hæmorrhage, sometimes profuse, which may occur from the wounding of a vein, is always readily controlled by the application of another ligature upon the distal side of the bleeding point. I have seen no instance of the detachment of a clot, or of septic phlebitis, and recognize no special liability to their occurrence in this over other means of producing occlusion. If the ligatures be primarily applied at the proximal extremity of the internal and external saphenæ, their multiplication to any extent at points below will not increase the probability of either complication.

The absolute proteetion from septic phlebitis, as well as from subcutaneous suppuration, is to be had in the aseptic care with which it is possible to conduct any operation when time can be given to preparation. The cat gut, which is generally preferable to silk for buried sutures or ligatures, can be obtained of a quality above suspicion, as can gauze and other dressings, which the surgeon may not choose to prepare for himself. If any suppurating points should be discovered they can be controlled with little difficulty by injecting each one with the solution of the hydrogen peroxide. The first dressing should be made on the third day, that early treatment may be adopted where even trivial suppuration has occurred.

The only accident which I have ever encountered in this operation, was a single instance of local paralysis from probable inclusion of a nerve in the poplital space. Function was gradually restored after the solution of the cat gut. There is no possibility, with ordinary care, of implication of a nerve of any considerable size, and in any event loss of function must be transitory since the amount of compression could be neither sufficiently severe, nor long enough continued, to cause permanent impairment o

stauctur e. In the earlier cases in which I made simultaneous occlusion of a multitude of veins, of which many were enormously enlarged, I feared some trouble in the readjustment of the return circulation, but it never happened.

The patient's recovery is usually complete within two weeks, but may be retarded in the event of suppuration. The limb should be supported by a roller bandage. or an elastic stocking, for two months afterward. In some cases in which extensive ligation has been necessary, a weakness of the limb has persisted for a considerable time, but normal strength has been eventually regained without special treatment.

There are comparatively few cases in which operation is inadvisable or improper. There are constitutional conditions, as of pregnancy or of organic disease, in which operative interference for any purpose, short of absolute necessity, would be contraindicated, and there are also instances in which the condition depends upon obstruction within the pelvic or abdominal cavity, in which it would be manifestly unwise, or worse than that; but ordinary derangements of health, or even somewhat advanced age, have not militated against success.

The cure is complete in proportion to the completeness of operation, and I believe it to be radical. I have now operated from two to three hundred times, and I recall not more than two or three instances in which I had reason to be dissatisfied with the result. It may happen, especially when the veins to be treated are numerous, and not of great magnitude, that some necessary points for ligation may be overlooked, or that an agglomeration of varices, which has formed a considerable tumor, may ail of comple obliteration. A secondary operation may then be required, but a comparatively small number of ligatures will suffice. The excess of blood which has burdened the superficial vessels, and has been surgically forced through the intramuscular spores into those of the deeper tissues, will continue to be returned through them rather than to develop new channels upon the surface.

It cannot be too often reiterated that the important point in this treatment of crural varices, the essential principle upon which it depends, is not in the use of the ligature, or in the subcutaneous method of its application, but in the complere obliteration throughout its whole extent of every vein affected. The ligature was long since used for this purpose, and subcutaneously employed in other regions of the body. The subcutaneous ligature is resorted to here simply as to the most convenient and effective means of fulfilling an indication.

34 West 37th St., New York.

A Bill is now before the Alabama State Legislature providing that all patent medicines shall have the formula printed on the bottls. A strong "lobby"is is working against the Bill.

Examination of the Urine a Material Aid to Diagnosis and too Often Overlooked.

By T. J. NEWLAND, M. D., Surgeon N. P. R. A., Ellensburgh, Washington.

Written expressly for this Journal.

The great majority of practitioners of Medicine and Surgery, both general and special, do not attach the importance to a thorough and careful examination of the urine that it deserves, and thereby make many blunders and errors in diagnosis, and treatment too, for to err in diagnosis surely means to err in treatment. By an examination of the urine I do not mean merely an inquiry of the patient how often he or she micturates, and how much is passed at a single time, whether it is high colored or otherwise. Neither would I be content with a test for the reaction and specific gravity in addition to the above, or for glucose or albumen These are all good, and in some cases gain for the physician valuable, he desired information, but in many morbid conditions such an examination could but prove of no value to the diagnostitian when a more thorough investigation of the same excretory fluid would reveal to the investigator a store of knowledge and information, which would clear up what would otherwise be obscure and perplexing, for example:

Mr. A. called at my office, and gave me a long list of symptoms, which might mean any one of a half dozen different diseases, saying he had taken "a bushel of medicine." One doctor treated him for dyspepsia, another for neuralgia, and others for something else, each selecting some prominent symptom, and calling it the disease. This sort of thing had been going on for several years; the man was emaciated, discouraged, and despondent. His subjective symptoms were of no use to me, they meant nothing, for I did not know what they meant; but I was certain they meant something. I examined his urine, the other doctors had done the same thing, but I did not stop where they did, content with specific gravity, reaction, test for albumen and sugar. I put a specimen of the deposit under the microscope, and found it fairly alive with spermatizoon. Another specimen passed at another time gave the same results, and as there had been no reason for their presence there from other than a diseased condition, I had a right to say to my patient, "you are suffering from spermatorrhœa," but I could never have told him so if I had stopped in my examination where the doctors who had preceded me in the case did.

Again, Mrs. B. had been troubled with insomnia for months. Life had become burdensome, and the ordinary remedies had failed to relieve her. Under the microscope, which I was inclined to look to for help, because I had been unsuccessful in finding reliable evidence of disease in other ways, I placed a sample of urine, and found proof abundant of a defective hepatic function, and the auto-toxæmia thereby produced so disturbed the nerve centres as to cause the insomnia. I mention these two

cases, not as exceptional ones, but merely to illustrate. Such cases are not rare, but unfortunately are met with almost daily by physicians in active practice. Such are the cases that go from the offices of Dr. Smith to Dr. Jones, and from Dr. Jones to Dr. Brown, getting no relief, they finally become discouraged, and then disgusted; and usually wind up by being a patron of patent nostrums, always giving as an excuse for the pernicious habit their sad experience with doctors, and usually say "I have tried every physician in the town, and none of them could do me any good."

Doctors, this is all wrong, too much carelessness in examinations usually, as a rule, reacts unfavorably, and brings discredit to competent and skillful men, and to the profession generally. I will say, and truly believe that more mistakes in diagnosis are made by careless and imperfect examinations than from ignorance, and when I say that, I think I fully realize that ignorance in the profession is prevalent.

Many serious, and if too long overlooked, fatal lesions of the kidneys can be early diagnosed with certainty by a microscopical examination of the urine. Take, for instance, acute parenchymatous metamorphosis, small hyaline epithelial neucleated and fine granular casts found in the urine, make the diagnosis easy: the only disease for which it might be mistaken is acute diffuse nephritis, but with the microscope the differential diagnosis is easily made by finding in the latter blood and blood casts in the urine, which never occur in the former. The more chronic forms of kidney lesions can as readily be diagnosed by the size, character, and number of casts found, or perhaps their absence taken together with the abnormal daily amount of urine secreted its low specific gravity, etc., would enable the physician to recognize a sclerotic kidney, and with an early dicgnosis life can be prolonged. Renal hemorrhage, easily diagnosed by the microscope, which would, if slight in quantity, be otherwise overlooked, and too, blood may be found in the urine when passed that did not have its origin in the kidney; but, if under the microscope numerous blood casts are found, some of it at least must have come from that viscus.

It is, too, of great importance to ascertain the daily quantity passed, not for a single day only, but for several days in succession, and if the amount is found too great or too small repeatedly, and if the amount of solids excreted is deficient, it means that we are dealing with a renal in sufficiency, due to some form of renal lesion, which can usually be made clear by a careful microscopic research of the urine passed.

These important and serious diseases above mentioned can only be diagnosed positively by a microscopic examination of the urine; in the absence of which it is all guess work which, though the best physicians do more or less guessing, should not be tolerated in this class of cases, and should in all cases be discouraged rather than encouraged, for our

means of diagnosis have become so thorough that there is not much excuse for it. "Where ignorance is bliss," etc., sounds all right in some cases, but is not at all applicable in this one, for too many valuable lives are at stake, to say nothing about a physician's reputation as a skillful diagnostitian.

The crystals, and casts, and cells, all have a significance, and all teach a lesson of importance. Your lesson is not half learned, and your usefulness as a physician is not half what it can and should be made, if you stop at the microscope in urinary examinations. You who do not use a microscope do not know what interesting and valuable things you are constantly overlooking. Don't imagine for a moment that you are seeing all the important and valuable things there are to be seen with your unaided eyes. If you have no microscope, better get one, and if you do not know how to use it, better for yourself and patients, that you learn as soon as possible, not with a view of becoming expert pathologists b yexamining post mortem tissues, but for its every day practical use as applied to a general practice, and if you are not in the habit of making thorough urinary examinations, both chemical and microscopical, better lose no time in forming it. The habit does not cost any more than some other habits you have perhaps that are of no diagnostic value. People, generally, have a profound contempt for the man who doesn't know enough to go to the bottom of his soup for the beans; much more disgust ought we to feel for the so-called physician who doesn't know enough to go to the bottom of his patient's urine for evidences of disease.

Among Medical Men.

Is there, I am induced to ask, anything like honor or principle obtaining among medical men in their relations to each other? These qualities are, I venture to say, rarely met with now-a-days, except in the case of medical men who are on terms of personal friendship. I am led to ask this question from the numerous cases which have come under my notice lately, where medical men have taken away each others' patients without a word of apology or explanation. I am old enough to remember when a general practitioner could not have been induced, either by bribes or threats, to take away the patient of a medical neighbor, whilst he was in actual attendance. Now it is quite the exception to meet with a doctor who will decline to see another's patient, except in consultation. Every one seems to be fighting for his own hand, and is ready to seize everything that comes within reach. Only the other day I heard of a case where a medical man took over the attendance of a chronic case, which was being attended by a neighbor with whom he had kept up friendly relations for well nigh twenty years. The wives of the respective practitioners were also on intimate terms, and constantly visited each other.

The patient in question was a member of a family whom the displaced practitioner had attended for over twenty years.

Allopathic and Eclectic Treatment in Pneumonia.

Being a graduate of the old school, and practiced that system for five years before my eyes were opened to the grand system of eclecticism, I will, by your permission, give the treatment generally pursued by the allopaths, and the treatment we pursue as eclectics. An allopath, after diagnosing pneumonia in a child two or three years old, the treatment would be about the following: As the bowels must be attended to and the liver aroused from its slumber, we would of course give Calomel, four doses, one every three hours. If they fail to move bowels, give Buggy Grease (Castor Oil), also Quinine and Dover's Powders every four hours. We find our little patient worse on next visit. Thinking perhaps whiskey would help, we give Egg Nog alternately with Quinine and Dover's Powders every four hours. Next visit still getting worse. Then, in our dire extremity, we add Car. Ammonia to stimulate over the crisis. But our little patient soon dies. Of course it was providential; the child was too smart for this world, and the good Lord took it to Himself.

As an eclectic, after diagnosing pneumonia and the specific indications, we prescribe about the following: If pulse is small and hard, Specific Aconite; if child cries on being moved, we add Specific Bryonia; if cough is dry and hacking, Specific Ipecac; if drowsy, if pupils dilated, Specific Belladonna; if flushed face, with bright eyes and restless, Specific Gelsemium. We direct flannel cloth, spread with Lard and Emetic Powder sprinkled over it, and applied to breast and side. Keep patient comfortably warm. Give hot milk as diet. Next visit we find our little patient doing nicely. We prescribe according to the pathological condition and go on our way rejoicing that there is some certainty in medicine, and pleasure in its practice when we have success.

Charleston, Mo. J. W. Lynch, M. D.

We clip the above from the American Medical Journal, not because it contains any merit, but to show how some little fellows will jump into print with their *opinions*, when they don't understand even the first principles of what they are trying to write about.

The income tax will cause physicians to ask about exemptions. Is the physician allowed his car-fare? his carriage-hire? his horse? his office? his private hospital? Is he to have a corresponding allowance made to those engaged in mercantile pursuits?

The Forty-Sixth Annual Session of the American Medical Association will be held in Baltimore, Md., on Tuesday, Wednesday, Thursday and Friday, May 7, 8, 9 and 10, commencing on Tuesday, at 10 A. M.

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Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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INSOMNIA.

Any one who has suffered for any length of time from the want of sleep, and the inability to sleep, knows what it is to suffer the most terrible physical misery. Nothing is worse than insomnia, nothing so wearing, and if continued nothing more likely to lead to insanity and death. The brain expends its nerves and itself during the hours of wakefulness, and these are recuperated during sleep. If, therefore, sleep does not come the recuperation does not equal the expenditure, and the result is not difficult to guess. The loss of a single night's sleep is frequently enough to upset the strongest man and unfit him for his next day's duties. Many persons unable to sleep resort to narcotics, but the habit is not only injurious, but often unnecessary, as there are other remedies which act equally well, and are not harmful. It frequently happens that change of air and scene are all that is needed. Sometimes a stomach and liver compress, in cold or hot water, laid over these parts, act at once and induces sleep, and if the sleep is not continuous it may be re-wet on awakening. Fomenting the upper part of the back on getting to bed with pads at 110 and 120 degrees will encourage sleep. Wet sheet packing is also an unerring soporific agent and anodyne, and will lull to sleep those in the most agitated and nervous condition. Even cold sponging and ablution only, and then at once retiring to bed, often induces most tranquilizing sleep. Taking tea and other hot liquids at supper will often cause wakefulness. These should be avoided. In cases of exhaustion a light, digestible meal frequently has the desired effect. If the habits are sedentary some open-air exercise often promotes sleep.

BACTERICIDAL PROPERTIES OF THE VAGINAL SECRETIONS.

Prof. B. Kroenig, in a paper recently read before the London Obstetrical Society, claims to have demonstrated that not only is the vaginal secretions in normal pregnancy free from pathological germs, but that it has a distinct germicidal power. Experiments were made in a great number of pregnant women by introducing into the vagina at a considerable

period before labor different kinds of germs, and then at stated intervals withdrawing secretion for examination, taking it both from the vaginal entrance and from the fundus vaginæ. The bactericidal power of the vagina was first shown in the case of the innocuous pyocyaneus. Soon the lowest and then the highest part of the vagina were found clear. Further experiments were made with staphylococcus and streptococcus, and it was found that the secretion was equally active whether the vagina contained the "normal secretion" or the so called pathological secretion described by Doederlin. But Kroenig rejects Doederlein's view that the vaginal secretion described by him as pathological is really so. In these experiments the streptococcus was killed first, straphylococcus and the pyocyaneus needing almost twice as much time. The vagina was found clear in two days at longest. He further shows that syringing the vagina with antiseptic solutions has the effect of reducing or completely destroying its germicidal powers. Syringing with simple water only slightly weakened them. Hence Kroenig concludes that prophylactic syringing should be given up. It does no good and much harm. Even in pregnancy with gonorrhœal infection it is best omitted. At the Leipzig clinic they consider that they get better results by the abandonment of syringing than by its adoption; and Kroenig advises that disinfection of the internal genital passages should be abandoned as part of the routine of antiseptic midwifery.

GENERAL PARALYSIS.

It is a strange and inexplainable fact, but nevertheless true, that those more frequently attacked by general paralysis are men, and among the most industrious class of men. There is probably no disease of such gravity in which the onset is more insidious. On looking back, when the physical weakness, etc,, have become marked, and the disease has declared itself, symptoms are remembered lasting for years past, which by themselves seem trivial, and are looked on as mere accentuation of personal peculiarities, but which, taken together, have the gravest significance. "Restless, unwonted activity, mental and physical, is of frequent occurrence; a feeling of superabundant energy, for which there appears no adequate relief; often undue irritability, which will not brook control or contraction: an unreasonable demand upon the time and indulgence of others; waywardness, fickleness, or outbursts of furious passion upon trivial pretexts in those who had previously been more self-controlled and amiable; a growing change in the disposition and character, usually signalised by perversion of some one or more of the moral sentiments. a fact of primary import from the medico-legal point of view." Such is the description of the symptoms found grouped in most early cases, given some years ago by one of the greatest living authorities. The occurrence of some of these symptoms separately is common in healthy persons, but

when several of them occur together, and persist, a close watch should be kept for any more definite signs. These usually occur from the physical side. There is no longer the power of executing finely co ordinated movements, "the right hand has lost its cunning," tremulousness of the facial muscles of expression, becomes prominent, and a similar tremulousness affects the muscles of articulation, so that the speech can scarcely be distinguished from the thick slurring speech of intoxication, for which it is frequently mistaken. The subsequent course of the disease varies remarkably in different cases.

WATER IN THE TREATMENT OF NEURALGIA.

Dr. Buxbaum first ealled the attention of the profession to this mode of treating neuralgia, He thinks that the hydrotherapeutic treatment of this disease has hardly reeeived the attention which it deserves. In neuralgia of rheumatic origin it acts by inducing increased blood supply to the affected parts, and in the neuralgias following upon the infective diseases or due to intoxication by mercury or lead, it promotes the elimina tion of the poison.

He reports that in 83 typical cases of neuralgia this treatment was unsuccessful only in 10 per cent., whereas 60 per cent. were cured, and the remainder considerably relieved. The alternate application of heat and cold is most to be recommended. The patient is exposed to high temperatures, and afterwards cold applications are made. The alternating Scotch douche is particularly of service. Recent neuralgias may often be cut short in this way. Patients with sciatica treated without effect by various therapeutic measures, even including nerve stretching, have been cured in a short time by this method. If the neuralgia persists it is nearly always due to some irremediable cause, with the exception of some few cases open to operation. If a remission occurs after the treatment has begun, it shows the neuralgia is curable, and is therefore of prognostic value. In trigeminal neuralgia hydrotherapeutic measures applied to the whole body are the most suitable. Of course other indications should be attended to, such as anæmia, malaria, etc.

SUICIDE OF PHYSICIANS.

The suicide of physicians has greatly increased in the last few years. It seems that physicians who have anv degree of ability and stability would never be a slave to morphine or liquor, and yet these are the most common causes of suicides. The proneness of medical men to resort to stimuli when over-worked is remarkable. Another leading cause of suicides among physicians is the over-crowding of the profession, whereby the struggle for existence is made so bitter that many conclude that life is not worth living.

STRICHNINE HYPODERMICALLY USED IN THE TREATMENT OF PNEUMONIA.

This is Dr. Kidd's plan of treatment of heart exhaustion in croupous pneumonia and other acute pulmonary inflammations. He says that it seems to have a sedative and strengthening effect upon the nervous centers, controlling the heart and respiration. It will frequently succeed where alcohol and ether fail. He advises its subcutaneous use in doses of one to one and a half milligrams. The condition of the pulse is the chief indication. As soon as it grows small and frequent, or the respiratory movements become feeble, it must be injected. The results are apparent in ten to fifteen minutes in an increase of the force of the pulse beat and the respiratory movements. Usualiy one injection every twelve to twenty-four hours is sufficient, it may be administered more often, even every two hours for three or four times, to continue it at longer intervals, as the occasion requires. In alcoholic patients it also acts well, calming the delirium and giving the heart and respiration increased strength by its action upon the cardiac and respiratory centers.

BUTTER AS A CAUSE OF DISEASE.

Butter has been for a long time considered a safeguard against tuberculosis, but recently Prof. Roth, of Zurich, has made many experiments that lead him to believe that butter is often a vehicle of disease. He tells us that twenty samples of butter made of cows milk, bought in as many different markets, with only two exceptions, contained tubercle bacilli, and which, when inoculated in the guinea pigs, caused the development of tuberculosis in these animals. Dr. Fevro, of Turin, has made similar experiments with Italian butters with but little better results; that is to say, 80 per cent. of the samples contained tuberculosis infection. In this county we have not made any experiments of this kind, but as our process of making butter is similar to theirs we should think that it would be apt to contain the same impurities. So far as we are able to learn there is no method of sterilizing milk that does not totally destroy its butter making properties.

WHO OWNS THE PRESCRIPTION?

If Henry Smith sells Tom Jones a horse for $100.00 and he pays for him, that horse belongs to him (Tom Jones); he has the right to do any thing with that horse he chooses, except treat him cruelly. If a man comes to a physician and pays him $2.00, the amount fixed by the physician, for a prescription, does not that prescription belong to him just as much as the horse does to Tom Jones. Isn't it a similar transaction?

PRECAUTIONS.

The young are peculiarly liable to be affected by poisons conveyed in fluids. Their sensitive forms absorb quickly, and quickly turn to evil account such substances, even when diluted to an extent which makes them harmless to adults, The water, therefore, with which families, and still more with which schools are supplied, should be carefully subjected to analyses. Wherever a trace of lead is found means should be adopted to remove t e source of it; and organic products should have their origin and all possibility of sewage contamination excluded. These precautions are essential, in spite of the grown up portion of the household having habitually used the water without injury.

PHTHISIS AT DIFFERENT AGES.

The older text-books created the impression that consumption was almost always a disease of early adult life. This, however, has been dis proven by recent statistics. The largest number of deaths, according to these statistics, occur in the decade from thirty-five to forty-five years of age, and that not until about sixty years of age do the number of deaths from this cause, as compared with the number of persons living, fall below the average for the period from twenty to twenty-five. It is to be remembered, however, that the disease usually requires several years to run its course, so that infection probably occurs on the average nearly five years earlier than death.

WOMEN PHYSICIANS IN AMERICA.

According to statistical reports there were in 1803 in America fully 2000 women practising medicine in one or other of its forms, and inclu sive of 130 homœopathists. The majority were ordinary practitioners, but among the remainder were 70 hospital physicians or surgeons; 95, profes sors in the schools; 610, specialists for the diseases of women; 70, alien ists; 65, orthopedists; 40, oculists and aurists; and finally, 30 electro therapeutists. In Canada there is but one medical school exclusively de voted to the training of medical ladies, but in the United States in 1893 there were ten, one of them being a homœopathic establishment.

INFLUENCE OF DIET UPON HEALTH.

The influence of diet upon the health of a man begins at the earliest stage of his life, and then is indeed greater than at any other period. It is varied by the several phases of internal growth and of external rela tions, and in old age is still important in prolonging existence, and render ing it agreeable and useful.

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OBITUARY.

Dr. R. L. Payne, Sr., of Lexington, N. C.

Robert Lee Payne was born in Lexington, N. C., Dec. 29th, 1834. His father was Dr. C. L. Payne, of Lexington, N. C., formerly of Danville, Va., and his grand-father was R. L. Payne, of Goochland county, Va. His paternal ancestry were English. His mother was Mary A. Lewis, also of Virginia and of Scotch descent. His literary education was obtained at the old Caldwell Institute, Hillsboro, N. C.; at Davidson College, N. C., and at the University of North Carolina.

In 1857 he graduated in medicine from the Jefferson Medical College, Philadelphia, and at once began the practice of the profession of his choice in Lexington, N. C., in copartnership with his father. He continued practice in Lexington, occupying the old office of his father until the day of his death, being associated in partnership during the past 17 years with his son, Dr. R. L. Payne, Jr.

Dr. Payne was a member of the N. C. Medical Society since 1859. He was devoted to the interests of the Society, and during his 35 years membership he was always a loyal member, working in the front ranks for everything looking to the upbuilding of his profession. He was President of the N. C. Medical Society in 1878, Vice-President in 1870, Annual Orator in 1871, and in 1872 he was elected one of the Board of Medical Examiners of North Carolina, and served in this capacity for six years as Examiner on Obstetrics and Gynecology with marked ability, and though he was dreaded somewhat because of the thoroughness of his examinations he won scores of friends among the young physicians applying for license by the kind and sympathetic way in which he sought to free the trembling applicant from embarrassment.

In 1879 Dr, Payne was elected a member of the N. C. Board of Health, and upon the expiration of his term of office was, in 1887, unanimously elected to succeed himself, but with characteristic modesty thanked the Society for the honor, but begged to be allowed to decline, and asked "that some one younger and more capable should be put in his place."

Dr. Payne was corresponding member of the Gynecological Society of Boston; of the Meigs and Mason Academy of Medicine, and in 1877 was elected Honorary Fellow of the Abingdon Academy of Medicine. He contributed many articles to the Transactions of the North Carolina Medical Society, the Medical and Surgical Reporter, the Richmond and Louisville Journal, the Virginia Medical Monthly, the North Carolina Medical Journal. Many of these articles were widely reprinted by the medical press of the country.

Dr. Payne was a general practitioner, but had attained especial emi-

nence in Surgery and Gynecology, and he enjoyed a large consultation practice, being frequently called long distances, both in this State and Virginia, and wherever called he inspired confidence and love. As a physician he was a slave to his profession, seldom permitting himself any recreation whatever, and he was often so overwhelmed with the grave responsibilities of his calling that he could neither eat nor sleep, and would frequently say: "I fear God will hold me responsible for what I don't know about this case." He was at various times a magistrate of his county, town commissioner, &e., &c., and for nineteen years he was physician to the poor house of Davidson county, and was much beloved by its poverty stricken inmates. During the late war he was examiner on the Confederate Board of Examiners, and the Home Guard Board, but was never in active service in the field.

Dr. Payne was married in May, 1856, to Winifred T., daughter of Jno. Wilson, Esq., formerly of Danville, Va., and to them were born five children, four of whom survive him, Dr. R. L. Payne, Jr., of Lexington, N. C,, Mrs. M. P. Fowle, of Washington, N. C., Mrs. Fannie T. Sparrow, of Washington, N. C.,tand Mrs. Bessie W. Beckwith, of Plymouth, Pa.

Dr. Payne was an humble, consistent Christian, and was for 34 years an Elder in the Presbyterian Church, his last words being, "Lord, Jesus, receive my spirit," spoken like one in full confidence of the result. He was assassinated in the streets of his native town on February 25th, 1895, by Baxter Shemwell. The whole county of Davidson and town of Lexington was thrown in mourning, and his funeral was attended by the largest concourse of people ever seen upon any similar occasion in the county. The grief of the people was marked, great, stout, sunburned men weeping as they followed his corpse to the grave, and on all sides was heard such expressions as "he saved my life," "he saved my child," "my dear mother would have died but for him."

It is evident from the career sketched that Dr. Payne had strong points of character. A judicial mind and unvarying disposition to treat every question with most perfect fairness were prominent traits of his character. Innate professional dignity and love of harmony often prompted him to concessions. This disposition, combined with firmness and a courage that knew no compromise with what was unprofessional and unfair, won the admiration and affection of his colleagues and competitors. In his relation with younger men a considerate attention and regard for opinions less matured than his own, was always conspicuous. These qualities combined in a cultured mind, and being gifted with rare social instincts, served to endear him to a large circle of friends and associates. His life shows how scrupulously he kept his motto, adopted as a schoolboy: "*Esse, quam videri.*" His hatred of duplicity and hypocracy were well known. He possessed a calm and pacified nature—a nerve that knew not how to flinch.

Socially, as well as professionally, he was popular with all classes. He loved his friends, of whom he had many, and his friends loved him. He was noted for his kindness and sympathy to the weak and helpless. He abhorred debt. His home was a model one, kind and indulgent to his family he was idolized by them. But above all, he was an humble, zealous Christian, and his words of counsel will be missed in the Presbyterian Church, possibly as much as in the councils of the medical profession.

Thus passed from his earthly labors a generous, noble spirit, a faithful friend, a devoted father and husband, and skillful physician. His departure was untimely; his work incomplete; but through all the grief and disappointment which hangs over his family and his friends in his loss, there shines a ray of brightest satisfaction in the conviction that to him it might be vouchsafed, "well done."

Notice the new advertisement of The Thompson Laboratory of Washington, D. C. Their preparation, Pil Orientalis, is certainly the best we have ever prescribed for the purpose in which it is intended. The formula is:

℞	Ambrosia Orientalis	Grs. 2
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All cases of loss of nerve power, Amenorrhœa, Dysmenorrhœ, Leucorrhœa, Melancholia, Hysteria, Sexual Apathy, and all diseases of the female reproductive organs may be greatly benefited by the use of this Pill.

The Medical Association of Georgia meets in Savannah, Ga., on April 17th, 18th and 29th, 1895. The officers are: W. F. Westmoreland, Atlanta, Ga., President; R. H. Taylor, Griffin, Ga., and W. Tate, Tate, Ga., Vice-Presidents; E. C. Goodrich, Augusta, Ga., Treasurer; D. H. Howell, Augusta, Ga., Secretary.

The Academy of Medicine in Washington, D. C., is the name of a new medical society recently formed in the administrative capital. The President is Dr. T. L. DcDermott.

The Chicago College of Physicians and Surgeons is to be absorbed by the University of Illinois. The University trustees have recommended the purchase of the College for an amount not to exceed 160,000 dollars.

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(V. P. o.)

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Golden Seal (Represented by the White Alkaloid)	.55 "
Jamaica Dogwood	.25 "

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The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

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Correspondence and reports of cases invited.

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BOOK REVIEWS.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory work for Beginners in Chemistry. A Text-book, especially adapted for Students of Pharmacy and Medicine. By W. SIMON, Ph. D., M. D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons, Baltimore, and Professor of Chemistry in the Maryland College of Pharmacy. New (5th) edition. In one 8vo. volume of 490 pages, with 43 woodcuts and 7 colored plates illustrating 56 of the most important chemical tests. Cloth, $3.25. Philadelphia: Lea Brothers & Co· 1895.

The medical student, as well as the general practitioner, is to be congratulated on the appearance of this the fifth edition of Simon's Manual. The science of chemistry has so rapidly grown that one may give his whole time exclusively to it and then be not master of the situation. In reading this book it seems that the author has done every thing that should have been done and left undone things that are irrevelant. The work is divided into seven parts. The author begins by giving the fundamental properties briefly. The fundamental principles must be laid down. This being necessary for an understanding of chemical phenomena. Part second treats of the principles of chemistry. Under this head the author enters into a brief discussion of theoretical views regarding the atomic constitution of matter. No chapter in the book is of more importance than this one, and none is presented in a clearer manner or can be more readily understood. Part third is devoted to non-metals and their combinations. The fourth chapter treats of metals and their combinations. Under each of these chapters the symbols and atomic weight of the various metals and metalic elements are given. All the chemicals that are mentioned in the United States Pharmacopœa are included, and this makes the book specially useful to students of pharmacy and of the medical inclination. Chapter fifth is devoted principally to analytical chemistry. Under this head the student will find special benefit and aid in his laboratory work, which is often an arduous task and a duty difficultly performed. The quantative method is chiefly explained in one short article. Part six treats of carbon compounds or organic chemistry. The seventh and l st chapter is devoted to physiological chemistry, and the author states that this chapter was written specially for students. A great deal of new matter has been added to these chapters, and special care has been taken to mention the most modern methods for clinical examinations in clinical diagnosis. One thing which will be of great help to the student is the questions at the first of the page. This familiarizes him with the most important questions that might probably be asked him before the many Boards he now has to be prepared to meet. Eight plates adort the book, showing the colors of a number of chemicals and their actions. The book is well illustrated, tastefully bound, without typographical blemish, and is the best chemistry we have reviewed. We congratulate the publishers upon the appearance of this book, and as it goes to the profession, students and practitioners will do well to purchase at once.

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By W. HALE WAITE, M. D., F. R. C. P., Physician to, and Lecturer on, Materia Medica and Therapeutics at Guy's Hosyital, London; Examiner in Materia Medica to the Conjoint Board of England, etc. Edited by Reynold W. Wilcox, M. A., M. D., LL.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital: Visiting Physician to St. Mark's Hospital, etc. Second American edition, thoroughly revised. Small 8vo, pp. 661. Price, $3.00. Philadelphia: P. Blakiston, Son & Company, 1012 Walnut street. 1894.

Notwithstanding the fact that many excellent books upon the subject of materia medica have appeared within the past few years, yet this one before us occupies an equally deserved place in the estimation of the American profession of medicine. The first hundred pages is taken up with Pharmacology and Therapeutics, with the sub-heads of prescribing, the action of drugs, drugs acting on the blood, on the cardiac mechanism, on the vessels, on the skin, on the urinary system. on bodily heat, on respiration, etc., etc. Following this comes the treatise on the two great classes, Pharmacopœa Inorganic Materia Medica and Pharmacopœa Organic Vegetable Materia Medica. Nine pages are devoted to Organic Animal Materia Medica. The appendix is divided into four sections. This work possesses the advantage of conciseness as to verbiage and completeness as to arrangement. The American editor has done his part well It embraces the most modern ideas of materia medica and therapeutics. We regard it as one of the best reference books the student can consult, and it is also admirably adapted to the needs of the general practitioner of medicine- The work cannot fail to be popular, and is cordially recommended.

DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING. By E. S. THORNTON, M.D., Ph.G., Demonstrator of Therapeutics Jefferson Medical College of Philadelphia. Philadelphia: W. B. Saunders. 925 Walnut St. 1895.

Prescription-writing to the old stager may seem a very easy and pleasant task, but to the young medicine man, and the under-graduate it is one of the most important and difficult things for him to do. While this book will prove of value to the practitioner of many years standing for purposes of reference, yet it is to the young graduate we most heartily commend it. It tells him many things that he must know, and which he may know, but will neglect unless he carefully reads and studies this excellent book. It has been said by some one that the character and ability of the physician could many times be told by examining his prescriptions. There can be no question about the absolute necessity of a thorough comprehension of facts found in this book. There are a thousand things in this work that will be new to the physician of many years practice. Within this volume of over 350 pages is given everything that pertains to the art of prescription-writing. The metric system is given with the old style. In addition to the consideration, under the proper headings, of the composition and strength of all official preparations intended for internal

administration, weights and measures, solubilities, and incombatibilities, space is given to the grammatical construction of prescriptions, accom panied by example prescriptions illustrating some of the methods of employing the difierent classes of remedies. A full explanation of the Emulsions, Elixirs, Plasters, Liniments, Doses of the different drugs, put in large type in alphabetical order, etc., etc., is given. It contains many good illustrations which will receive attention. The book contains all the qualities of good book-making. We are highly pleased with this work, and can heartily recommend it to our readers.

INTERNATIONAL CLINICS, Vol. IV. Fourth Series. 1895. Edited by Judson Dolard, M. D., J. Mitchell Bruce, M. D., F. R. C. P., David W. Finlay, M. D., F. R. C. P. Philadelphia: J. B. Lippincott Company.

We always look forward with a great deal of pleasure to the publication of this Quarterly of Clinical Lectures on medicine, neurology, pediatrics, genito-urinary surgery, gynecology, ophthalmology, larangology, otology and dermatology, by professors and lecturers in the leading medical colleges of the United States, Great Brittain and Canada, for they are always full of fresh and useful information. This, the fourth volume of the fourth series, maintains its high pre-eminence as a periodical of great use to the practitioner. This volume contains articles or lectures from forty-two persons upon subjects of their own selection, of which they are most familiar, thus making it of infinite value to physicians. There is so much of interest and value in the present volume that criticism must seem forced and trivial.

This volume contains something over 400 pages, with many excellent illustrations, and forms an attractive as well as a useful contribution to medical literature.

CHARACTERISTIC MATERIA MEDICA MEMORIZER. By WILLIAM H. BURT, M. D. Author of "Characteristic Materia Medica," "Physiological Materia Medica," "Therapeutics of Tuberculosis or Pulmonary Consumption," and "Tuberculosis, or Pulmonary Consumption. Its Prophylaxis and Cure by Suralimentation of Liqid Food," etc., etc. Price, $2.50; Full Cloth, 394 pages. Halsey Bros. Co., Publishers, 51-53 Dearborn St., Chicago.

This little bood is a very concise statement of the characteristics of the principles of Homœopathic materia medica. It is a "memorizer." The author, in his preface, makes the following statement: "It is unwise to confuse and exhaust the mind with the mimutia of a remedy at first. It is far better to learn a few bold characteristic symptoms of each drug before going into the details of any one. The characteristics *build up* in the mind an organic form for each remedy, which may afterward be filled in with the particular details at pleasure." Each drug has its *bold* characteristics given.

This work contains nearly 400 pages, and is printed in large clear type.

THE ASTROLOGY OF THE OLD TESTAMENT: or, The Lost Word Regained. By KARL ANDERSON. 502 pp. Cloth, $5.00. Published by the Author, 131 Tremont Street, Boston.

This massive volume of over five hundred pages, dedicated to "All searchers after true light throughout the world," is an ambitious attempt on the part of the author to bring the mysteries of ancient Chaldean, Arabian, and Egyptian astrology within the comprehension of the reading public of the modern world. How far Professor Anderson has succeeded in elucidating the hidden meaning of the Holy Scriptures will doubtless remain a disputed point among the readers of his book; but no one who takes the slightest interest in the claims of astrology to rank as an exact science can be other than interested and edified by perusing these decidedly attractive pages, and consulting the charts with which the work is freely illustrated. The book is written in twenty-one chapters, the first of which, "The Belief in God Intuitive," strikes the reviewer as particularly fine. Small consideration is shown toward existing popular phases of religious belief, but the massive idea of the Supreme Architect of the Universe is faithfully upheld. Among the illustrations is a representation of the far-famed Zodiac of Dendera—symbols used in the age of the early Cæsars. This Zodiac is said to explain the fourth chapter of the Book of Revelation. References to the great pyramid are numerous throughout the volume. The chief of these, found in pages 35 and 44, are extremely lucid and afford a very reasonable solution of the astronomical and astrological problem presented by that mysterious and majestic pile. Professor Anderson calls the pyramid (or pyramet) an altar to R. A., which signifies Lord of Hosts.

Beginning with pages 172, the reader will find profuse information regarding the twelve houses, or mansions, of the Zodiac and the significance of the planets in the respective houses. One whole chapter is devoted to "Nativities," and contains practical directions for casting horoscopes with a view to determining in what line of effort a native will prove most successful. Though the rules are elaborate, and the directions a little complicated, any persevering person of intelligence, aided by the very complete Table of Houses for Latitude, can calculate a nativity with the utmost nicety.

Many metaphysicians and others will doubtless take decided exception to much of Professor Anderson's obvious dualism. He talks of good and evil as rival forces very frequently. Were the somewhat pessimistic portions of the book brightened by a wider view of the good in all diversities, the average reader could derive added light from many of its pages. The best elements in the book are certainly those which most nearly justify its title. A very interesting chapter is that in which the story of the submerged continent Atlantis is given with unusual clearness. This chapter also deals learnedly and graphically with the Egyptian sphinx, which, ac-

cording to ingenious calculation based on exact astronomy, is said to declare the date of its own erection 10,535 years ago.

THE SCIENCE OF MECHANICS. A Critical and Historical Exposition of Its Principles. By DR. ERNEST MACH, Professor of Physics in the University of Prague. Translated from the second German Edition by Thos. J. McCormick. Chicago: The Open Court Publishing Co. 1893.

The author states that the present volume is not a treatise upon the application of the principles of mechanics. Its aim is to clear up ideas, expose the real significance of the matter, and get rid of metaphysical obscurities. Mechanics is not herein treated as a branch of mathematics, but as one of the physical sciences. If the readers interest is in that side of the subject, if he wishes to know how the principles of mechanics have been ascertained, from what sources they take their origin, and how far they can be regarded as permanent acquisitions, he will find in these pages great enlightenment. It is one of the most scientific and complete books that has ever been translated iuto the English language. The illustrations and drawings are fine. The printing and binding are exceptionally good.

MEDIÆVAL EUROPE (814–1200). By EPHRAIM EMERTON, Ph.D. 12mo., pp. 632. Boston: Ginn & Co.

No one is better qualified for preparing a text book on European history that Professor Emerton. The very general use and aeceptability of his little "Introduction to the Study of the Middle Ages," published a few years ago, should afford ample assurance of his peculiar fitness for such a task. The author thinks that the period beginning with the death of Charles the Great, and ending in the thirteenth century, has a distinctness that cannot be attributed to the "Middle Ages" as commonly understood, embracing several centuries before Charlemagne and several centuries later than the thirteenth, centuries which, in each case, the author contends, were years of transition in a special sense, and not years to be properly included in a well-defined historical period having a distinctive character of its own. Professor Emerton furnishes a valuable book both for the student as a text-book and for the general reader who wishes to become informed on Mediæval History. The publishers' part is well done, the book being clearly printed on good paper.

POPULAR SCIENTIFIC LECTURES. By ERNEST MACH, Professor of Physics in the University of Prague. Translated by Thomas J. McCormack. Chicago: The Open Court Publishing Co, 1895.

This work is divided into the following sections: The Forms of Liquids, The Fibres of Carte, on the Causes of Harmony, The Velocity of Light, Why has Man Two Eyes, on Symmetry, on the Fundamental Concepts of Electrostatics, on the Principle of the Conservation of Energy, on the Economical Nature of Physical Inquiry, on Transformation and Adaptation in Scientific Thought, on the Principle of Comparison in

Physics, on Instruction in the Classics and the Mathematics, Physical Sciences.

Each lecture is well written and to the point. The book contains many interesting and valuable ideas. The book contains nearly 400 pages and is nicely printed.

HIGHER MEDICAL EDUCATION, The True Interest of the Public and of the Profession. By WILLIAM PEPPER, M. D., LL.D. Philadelphia: J. B. Lippincott. 1894.

These two addresses were delivered before the medical department of the University of Pennsylvania on October 1st, 1877, and October 2d, 1893. Probably it has been read and re-read as much as any literature that has appeared in print. We are much pleased to have it sent to us in book form, nicely bound. Price, $1.00. It is an excellent address, and worthy of much study and careful thought.

LAMPS OF THE TEMPLE. Compiled by THOMAS W. HANDFORD. Chicago: Laird & Lee. Pp. 374. Cloth, 50 cents.

This is an exceptionally good little book, It is full of short discourses from prominent divines, and will afford many a leisure hour for the most matter-of-fact man. It is really a collection of examples of the eloquence of the modern pulpit. The pieces are short and beautifully written. The book contains nearly 400 pages and of its class it is the finest collection yet published.

ANTIQUITY UNVEILED. Ancient Voices from the Spirit Realms Disclose the most Startling Revelations, Proving Christianity to be of Heathen Origin. Second Edition. Philadelphia: Oriental Publishing Co. 1894.

This work contains a series of messages from occult sources bearing upon Oriental religions, and their relation to Christianity, with comments thereon by the late J. M. Roberts, Esq. They contain in a small space a vast amount of knowledge pertaining to the religious history of mankind, which before this unfoldment, was unknown to the world.

TRANSACTIONS of the Iowa State Medical Society. Vol. XII. 1894.

These proceedings are nicely and tastefully gotten up, and shows that this Society is in perfect working order. It is divided into parts I., II. and III. Part I. The Minutes. Part II. The President's Address and Reports of Sections. Part III. Constitution and By-Laws. These proceedings are well bound, which makes them more desirable and valuable. Dr. C. S. Chase is Secretary of this Association.

THE POCKET ANATOMIST. By C. HENRI LEONARD. A. M., M. D., Professor of Gynecology, Detroit College of Medicine. Leather, flexible, 309 pages, 195 illustrations, postpaid $1.00. The Illustrated Medical Journal Co., Detroit, Mich.

The eighteenth edition of this very popular book makes its appearance printed upon very thin paper, so as to be flexible and handy for the pocket. All the illustrations are photographed from Gray. Its completeness and brevity commend it.

TRANSACTIONS of the Medical Association of the State of Alabama, The State Board of Health. Montgomery, Ala: The Brown Printing Co. 1894.

These transactions make quite a nice volume. They are well bound and printed. Dr. J. R. Jordan is Secretary of this well organized and good running Society. These Transactions make a volume of over 400 pages.

TRANSACTIONS of the New Hampshire Medical Society. Its One Hundredth and Third Annual Meeting, held at Concord, N. H., June 18th and 19th, 1894. Printed by the Republican Press Association.

This is a nicely bound volume of about 225 pages, made up of very valuable and interesting reading matter. The paper of Dr. Coon's entitled "Notes on the Sanitary Conditions of Mexico," is certainly very instructive, containing many beautiful and interesting illustrations of Mexican life.

PROCEEDINGS of Oregon State Medical Society. 1892-'93.

Through the kindness of Dr. F. Cauthon, the Secretary, we received a copy of these Transactions. It is an interesting proceeding, bound in paper and clearly printed. It contains something over 200 papes.

A SYSTEM OF PHYSICAL CULTURE, Prepared Expressly for School Work. By LOUIS PREECE. Quarto, pp: 287. Syracuse, N. Y.: C. W. Bardeen. $2.

The demand on the part of teachers and others for the publication of this work, analyzing a particular system of physical culture, is one more proof of the tremendous interest now manifested in the education of the mind through the education of the body. The exercises here given are such as can be taken by public school pupils in the aisles adjoining their seats and no apparatus is required. Besides elementary work, forming a system complete in itself, some thirty pages are given to "chorography," and a large amount of space to "Æsthetic Work," "Gesture," and "Pantomime." These last subjects are explained largely by illustrations, which are also used very freely in the earlier portions of the volume.

THE COLONIAL CAVALIER: or, Southern Life Before the Revolution. By MAUDE WILDER GOODWIN. 12mo, pp. 304. New York: Lovell, Coryell & Co,

This little book modestly disclaims all pretension to the dignity of a history; in our opinion it really contains more history of a genuine and highly valuable sort than many of the conventional "histories" which are constantly issuing from the press. It describes social life in the South before the Revolution. The author rightly affirms that our comprehension of the Maryland and Virginia Cavalier has been far less distinct than our knowledge of the New England Puritan; we think that this book will do much to clarify poyular ideas of the Colonial Southland. It describes the Southern colonist as he was in his home life, in his courtship and marriage, in his dress and manners, in his trade and travel, in his amusements, his church relations, his school training, his government, and finally in his sickness and death. The illustrations, spirited and appropriate

drawings of colonial scenes and costumes, do much to embellish the text, which is written throughout in a charmingly graceful and unpretentious style.

Reprints.

Syphilis of the Epididymis. By Charles W. Allen, M. D., Surgeon to the City Hospital, etc., New York. From the American Journal of the Medicall Sciences, April, 1894.

The Complete Method of Operation in Cases of Cancer of the Breast. By Dr. A. C. Bernays, Saint Louis, Mr. Abstract of a Clinical Lecture delivered at the Marion Sims College of Medicine. Reprint from the Courier of Medicine, January, 1895.

Retinitis Pigmentosa. Report of Case. By Dunbar Roy, A. B., M. D., of Atlanta, Ga., Professor of Ophthalmology and Otology in the Southern Medical College. Reprinted from Annals ophthalmology and Otology, Vol. IV, No. 1. January, 1895.

A Case of Fracture of the Thyroid Cartilage—Recovery without Tracheotomy. By Thomas B. Eastman, A. B., M. D., Indianapolis, Ind. Reprinted from The Journal of the American Medical Association, February 2, 1895.

Bicycling for Women from the Standpoint of the Gynecologist. By Robert K. Dickinson, M. D., Lecturer on Obstetrics and Obstetrician to Long Island College Hospital; Obstetrician to Kings County Hospital, Brooklyn, N. Y.; Member American Gynecological Society, etc. Reprinted from The American Journal of Obstetrics, Vol. XXXI, No. 1, 1895. New York: William Wood & Company, Publishers. 1895.

Clinical Comments on Cutaneous Cases. By Charles W. Allen, M. D., Surgeon to the Charity Hospital, etc., New York. Reprinted from the Brookly Medical Journal, May, 1891. New York: M. J. Rooney, Printer and Stationer, 1329 Broadway.

Seventeenth Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital. Free Dispensary open daily for Charity Patients at 12:30 o'clock, P. M. 1007 East Baltimore Street, Baltimore, Md. John S. Bridges & Co., Printers & Engravers, No. 15 South Charles St. 1895.

A Unique Case of Intestinal Fistula Following Celiotomy. By Louis Frank, M. D., Louisville, Ky., Associate Professor of Obstetrics and Director of Bacteriological Laboratory, Kentucky School of Medicine; Gynecologist to Louisville City Hospital; Obstetrician to Kentucky School of Medicine Hospital, etc. Reprinted from The Medical News, Jannary 19, 1895.

Exploratory Incision in Abdominal and Pelvic Disease. By Louis Frank, M. D., Associate Professor of Obstetrics and Director in the Bacteriological Laboratory, Kentucky School of Medicine; Gynæcologist to Louisville City Hospital; Obstetrician to Kentucky School of Medicine Hospital, etc. Reprint from American Medico-Surgical Bulletin, December 15, 1894.

A Clothing-Case for the Army and Navy and a Device for Transporting the Wounded. Read before the International Medical Congress at Rome. By Thornton Parker, M. D., Groveland, Mass., Formerly Acting Assistant Surgeon, United States Army; late Assistant Surgeon M. V. M. Reprinted from the International Medical Magazine for November, 1894.

Laminectomy for Paraplegia from Pott's Disease; Tenotomy of Contracted Hamstring Tendons of Both Legs; Amputation at the Hip-Joint; Appendicitis; Stone in the Bladder; Suprapubic Lithotomy. By F. C. Schaefer, M. D., Ex-Professor of Anatomy, Chicago Medical College; Professor of Clinical Surgery in the Northwestern University Medical School (Chicago Medical College); Professor of Surgery in the Woman's Medical College; Surgeon to Wesley Hospital, Chicago. Reprinted from The International Medical Magazine, July, 1894.

Some Causes that Lead to Invalidism in Women. By B. S. Holmes, M. D., Atlanta, Ga., Adjunct Professor of Obstetrict and Gynecology, Southern Medical College, Atlanta, Ga.; Vice-President of the Southern Surgical and Gynecological Association; Ex-President Georgia Medical Association; Member of the American Medical Association; Fellow of the American Association of Obstetricians and Gynecologists. Franklin Printing and Publishing Co., Atlanta, Ga.

Making and Closing the Incision in Abdominal Surgery. By J. B. S. Holmes, M. D., Atlanta, Ga., President Tri-State Medical Association; Vice President Southern Surgical and Gynecological Association; Ex-President Georgia State Medical Association; Fellow American Association of Obstetricians and Gynecologists; Member American Medical Association. Reprinted from The International Journal of Surgery, November, 1894.

The French Revolution Tested by Mirabeau's Career. Twelve Lectures on the History of the French Revolution, Delivered at the Lowell Institute, Coston, Mass. By Dr. Herman E. von Holst, Author of "Constitutional and Political History of the United States," and "The Constitutional Law of the United States;" Head Professor of History in the University of Chicago. Callaghan & Company, Publishers, 114 Monroe St., Chicago. 1894.

Quinalgen==Dr. Vis.

Manufactured by DAHL & CO., Barmen, Germany

A new remedy for Rheumatism, Neuralgia, Sciatica, Asthma, Hay Fever, and applicable in all cases where pain of a Neuralgic character is a prominent factor.

Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from COAL PRODUCTS. It is a derivative of the QUINOLINE GROUP, and is, therefore, an anologue of PHENACETINE and ANTIFEBRINE, but has marked and highly important advantages of them, they being derived from the BENZINE GROUP. All derivatives of the BENZINE RING have decidedly depressing effects upon the heart s action and the nerve centres.

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Quinalgen was discovered and brought to the notice of the profession by Dr. VIS, of Germany, three years ago. It was first tried for Fever, Neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Goliner, of Urfurt, Dr. Treupel, of Breslau, and many other distinguished German practitioners gave it extensive trial, and the consensus of their opinion is that QUINALGEN marks a decided advance in the therapeutic agents that are available in the treatment of Fever, Headache, Neuralgia, the pain of Rheumatism, Sciatica, etc.

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Literary Notes.

LIPPINCOTT'S MAGAZINE FOR MARCH, 1895.—The complete novel in the March issue of Lippincott's is "A Tame Surrender," by Capt. Charles King. Departing from this authr's usual field, the purely military, it deals with the Chicago strike, the riots and their suppression, and the loves of a United States lieutenant and a high-minded young lady who works a typewriter. It is her "tame surrender," after long resistance, which gives the tale its title.

The other stories, all very short, are "Fulfilment," by Elizabeth Knowlton Carter, "The Luck of the Atkinses," by Margaret B. Yeates, and "One of the Wanted," by B. B.

Two brief scientific articles are supplied by George J. Varney, "Electric Locomotives on Steam Roads," and "The Story of the Gravels," by Harvey B. Bashore.

"A Glimpse of Cuba," by James Knapp Reeve, is a vivid and readable sketch. Isabel F. Hapgood writes of "Furs in Russia," and W. D. McCrackan on "A Question of Costume."

Prof. William Cranston Lawton diseusses "The Artist's Compensations," Prof. H. H. Boyeson furnishes "A Youthful Reminiscence," and C. W. Lucas, as "Doolittle," writes "An Open Letter" to Mrs. Grundy.

The poetry of the number is by Prof. Charles G. D. Roberts and Richard Burton.

The Atlantic Monthly for March will contain the opening chapters of a striking serial entitled The Seats of the Mighty, by Gilbert Parker. It deals with the life and adventures of a young captain in a Virginia regiment, afterwards of Amherst's regiment at the time of the fall of Quebec. It will run through several numbers, and is one of this popular author's most powerful stories. Fiction is further represented by the first installment of a two-part story by Grace Howard Peirce, entitle Gridou's Pity, and addition c' apters from Mrs. Ward's serial, A Singular Life.

Every one who is interested in anti-slavery literature, or who has read Neighbor Jackwood and Cudjo's Cave, will be glad to read Some Confessions of a Novel-Writer, by John T. Trowbridge, the gifted author of these remarkable stories.

Two papers of importance are Immigration and Naturalization, by H. Sidney Everett, and the second of Mr. J. M. Ludlow's papers, Some Words on the Ethics of Co-operative Production.

The educational paper of the issue is by Professor N, S. Shaler, who treats of The Direction of Education. Another delightful bit of Sicilian travel and description, by Elizabeth Pullen, is Bova Unvisited.

Aside from these features there are poems by Bliss Carman, Clinton Scollard, and Madison Cawein. The book reviews will appeal especially

to the lover of poetry, as there is an exhaustive review of current verse. The usual departments complete the issue.

HOUGHTON, MIFFLIN & CO., Boston.

A LIBERAL OFFER.—The enterprise of the publishers of The Youth's Companion, Boston, Mass., has steadily advanced the paper year by year, keeping it always in the front rank of the best periodicals. It fills to-day as no other publication the popular demand for a practical family paper, one that is equally valued and enjoyed by old and young, and free from all objectionable features.

The best writers of all lands are engaged to write for its columns. Among the famous contributors for the volume for 1895 are two daughters of Queen Victoria; Mr. Gladstone, the most eminent living statesman, who has for the third time written an article expressly for The Companion; Sir Edwin Arnold, W. Clark Russell, Charles Dickens, Frank R. Stockton, J. T. Trowbridge, Mark Twain, Cy Warmad, the famous locomotive engineer, and more than a hundred other writers who are known the world over.

The Companion appeals to all, whether in the home, in professional or business life, to the educator and laborer in every department of work. Its sound, practical editorials deal frankly, fairly and concisely with the questions of the day. Every utterance may be accepted without reserve. Full Prospectus and specimen copies sent free on application. It comes every week, finely illustrated.

Annals of Surgery, in its issue for February, 1895, devotes 128 pages to a large variety of purely surgical information, including six valuable original papers by well-known surgeons on Movable Kidney: Peritonitis as a Complication of Gonorrhœa; Recovery after a Stab-Wound of the Pericardium; Rectal Prolaps treated by Ventrofixation of the Rectum; Pathological Separation of the Lower Epiphysis of the Femur; the Murphy Button and Absorbable Plates in Intestinal Anastomosis. The monthly "Index to Surgical Progress" always contains valuable abstracts from current literature. "The Ambulant Treatment of Fractures of the Lower Extremities" is the subject of the leading article of this issue, occupying twenty pages of latest information on this subject.

NEW PUBLICATIONS.—We are pleased to note that W. B. Saunders, the progressive medical publisher of Philadelphia, keeps up the good work he so successfully inaugurated. He has just issued the American Text-Book of Obstetrics, and has in preparation the American Text-Book of Physiology which will soon be followed by the American Text-Books of Applied Therapeutics, and of Nursing. Another book which is to be issued by the same publisher, and which is anxiously looked for by the profession,

is the work of Nicholas Senn on the Pathology and Surgical Treatment of Tumors. This is certainly a fine array of books, but a number of most excellent Aid Series of Manuals is also promised, and other works which want of space forbids our mentioning. W. B. Saunders has become a formidable rival to his more pretentious competitors, and is holding his own in good style.

The American Public Health Association has decided to issue a quarterly journal in place of the annual volume of Transactions. The Association has already issued nineteen large volumes, embracing the reports, papers, and discussions of its annual meetings. Besides these it has published the results of the labors of one of its committees in a separate volume, under the title of Disinfection and Disinfectants, which embodies much original matter. Moreover, it has published the Lomb Prize Essays, over 100,000 copies of which have been distributed in the United States. Many of its papers and reports have also been widely circulated in pamphlet form. The title of the new periodical is Journal of the American Public Health Association, and from the appearance and contents of the first (January) number, which is now before us, we venture to predict that it will at once take rank as one of the most valuable publications dealing with sanitary matters now in existence.

A fully illustrated article on Copper, Steel, and Bank-note Engraving, by C. W. Dickinson, Jr., is to be one of the features of The Popular Science Monthly for March. It describes the work of the earliest engravers on metal, explains the nature of aquatint, mezzotint, stipple, rouletting, and line engraving, and tells how the counterfeiting of bonds and bank notes is made difficult by the employment of a variety of kinds of engraving, and by the use of ingenious ruling machines and lathes. The illustrations include a reproduction of Durer's Saint Hubert, samples of stipple and line engraving and of the work done by the cycloidal and geometrical lathes.

Littell's Living Age, brimfull as each number is of the latest productions of the ablest foreign (especially British) writers, on subjects of living interest to every intelligent reader, is the ideal magazine for the busy man and woman of to-day.

One great advantage of the Living Age is its completeness. Covering the whole range of literature it not only presents the best thoughts of the best authors but gives them in full without mutilation or condensation. No other eclectic does this.

Recent issues present all the accustomed variety but are especially rich in biographical sketches or personal recollections. Two artieles appear in the early March issues on Christina Rossetti, the exquisite poetess

who has so recently passed away—one by Mrs. Alice Meynell, the other by Arthur Christopher Benson. "Recollections of James Anthony Froude," by the late Mrs. Alexander Ireland; "Count Moltke, Field Marshall," by Sidney Whitman; "Oliver Wendell Holmes;" "James Darmesteter," by M. Gaston Paris; "Rubinstein," by H. R. Haweis; "Tennyson at Aldworth," by F. G. Kitton, are papers which will be eagerly read. Other notable and timely articles are: "A Change of Czars;" "The Court of Ferrara in the Fifteenth Century;" "Stony Sinai," by E. N. Buxton; "An Old Society Wit," by Mrs. Andrew Crosse; "Single Chamber Democrats," by R. Wallace, M. P., and "Recollections of the Chinese War," by Colonel Hill James.

In addition are to be found the choicest short stories and select poetry.

A prospectus with special offers to new subscribers will be sent, on application, by the publishers.

LITTELL & Co., Boston.

THOUGHTS ON RELIGION. By George John Romanes. Edited by Charles Gore, M. A., Canon of Westminster. Chicago: The Open Court Publishing Company. 1895. Pages, 184. Price, $1.25.

Prof. George Romanes left some unfinished notes on religion, which were handed. at his request, to Mr. Charles Gore, the Canon of Westminster, a friend of the late scientist and a representative of ecclesiastical dogmatism. Mr. Gore decided to publish these notes together with his own editorial comments and two unpublished essays on "The influence of Science Upon Religion," written by Romanes in 1889, and they lie now before us bearing the title "Thoughts on Religion."

The book will create a sensation for it shows that the late scientist was possessed of an eagerness to believe, but was still unable to overcome the objections made by science. He showed, nevertheless, an increasing tendency toward belief, and we are informed by the editor, Mr. Gore, that Professor Romanes "returned to that full, deliberate communion with the Church of Jesus Christ which he had for so many years been conscientiously compelled to forego."

Whatever opinion we may have, the book is an obvious evidence of the importance of the religious problem. An article on the late Professor Romanes's thoughts on religion setting forth the lesson which they teach, will appear in the April number of The Monist from the pen of its editor, Dr. Paul Carus.

The investigations of the Lexow Committee have revealed that two hundred professional abortionists ply their nefarious trade in New York. It appears that have been protected by the police, and, as an example of the tax which the guardians of the law have levied on these criminals, it is stated that one abortionist paid hush money to the tune of 2,825 dollars in nstallments within a period of six weeks.

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In Chronic Bronchitis and Incipient Phthisis, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, **Firwein** does not impair, but instead, strengthens and improves digestion and assimilation ; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

☐ In Chronic Cystitis, **Firwein** may be regarded as almost a specific. No class of ailments gives the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of **Firwein** for the rest of your life, and your patients will rise up and call you blessed.

In Nasal, Pharyngeal and Laryngeal Catarrh, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it!

DOSE. One to two teaspoonsful 3 to 6 times daily. *For Spraying*—add one part of vaseline or petrolatum oil, to three parts of Firwein and use warm. *For persistent Coughs*—One dram Opii. Deod. to 4 ounces of Firwein.

A full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50c. to pay carriage.

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A PLEASANT and agreeable tonic and appetizer. Efficient in all cases of debility from exhausting and protracted diseases ; frail and broken down conditions of the system from obscure causes, especially functional disturbances of the reproductive organs in females ; weak and imperfect digestion and assimilation, nervous debility, mental exhaustion and in all low atonic conditions of the system.

EFFECTIVE, PLEASANT, AGREEABLE AND ECONOMICAL.

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EACH FLUID DRACHM CONTAINS :

Calisaya True	5 grs.
Pepsin Sac.	3 "
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With Vegetable Aromatics.

TRUE TONIC, SPLENDID APPETIZER, RELIABLE STOMACHIC.

Please observe the strength and perfection of the above formula. Do not confound TILDEN'S Calisaya Cordial with other preparations of this class.

A Full Pint Bottle will be sent to any Physician as a Sample, free of charge on receipt of 50 cents to pay expressage.

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Russia's Empress Gains Strength.

The producers of "Mariani Wine" (Vin Mariana) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Princess of Wales, drunk it since the death of her consort, with the most remarkable and beneficial results. It seems that Her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increase strength of brains and nerves from it during her last great trials. Moreover, in consequence of the benefits obtained by the Empress, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves."—*The Court Journal*, London, Jan. 12, 1895.

Air Mount, Miss., Jan. 28, 1888.

Paris Medicine Co., Paris, Tenn.—Gents: Your preparation of Lyon's Tasteless Quinine was received. Please excuse me for not reporting the result of same sooner. I was highly pleased with the use of it. Its the only preparation of Tasteless Quinine that I find entirely satisfactory. I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate. I order from Memphis, but will perhaps give you an order some time this year. With thanks for the sample and wishing you much success, I am,

Yours truly, A. Louis Jackson, M. D.

Tri-Digestive Tablets (Tuttle's) have been employed with much success in acute Gastritis and Gastric Catarrh.

In mild cases, in which the symptoms are of an uncomfortable feeling in the abdomen, nausea, headache, depression, eructation and occasional vomiting most beneficial results are obtained.

Their action is prompt, they stimulate the appetite and digestion and promote assimilation.

The value of our preparation as a digestive corrective in various Gastric and Intestinal derangements for which it has been prescribed has been fully demonstrated by critical tests.

The Chemical Company that lies about the therapeutic properties of a product is worse than a "circulation liar." The Codliver Glycerine Company, of St. Louis, backs all its claims for Codliver Glycerine, by offering to send to any practicing physician who has never tested it, a $1 bottle of Codliver Glycerine if you will pay express delivery charges. This is a snap. Test t for yourself.

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Only Award granted Syrup Hydriodic Acid at World's Fair, 1893.

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CHEMICALLY PURE HYPOPHOSPHITE SYRUPS.

Syr. Hypophos. Soda. Syr. Hypophos. Potass.
Syr. Hypophos. Lime. Syr. Hypophos. Manganese.
Syr. Hypophos. Iron. Elix. Hypophos. Quinine. (Soluble.)

Prescribe the truly indicated salt only.
Avoid contra-indicated and antagonistic bases.
Scientific methods and pure remedies will give you BEST RESULTS.
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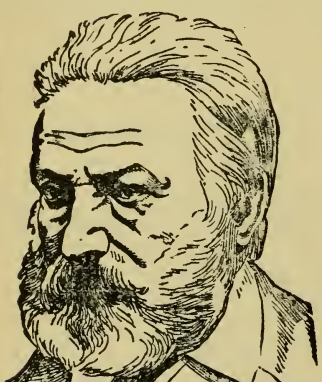

Victor Hugo

In speaking to young men, once saidi "It is the learning acquired at midnight that will make your future bright and dazzling as midday."

And in this terse epigram the great Frenchman stated a truth that applies equally to struggling, ambitious young men the world over.

Insomuch as you have yet your place to make in the world, and will avail yourself of opportunities to increase your knowledge and improvi your mind, so will you make your life successful and happy.

A man's brain is a garden given him to cultivate, and whose products will be his support.

Plant That Garden

with seed of knowledge and from the vines will grow the blossoms of financial gain and honorable preferment.

Never before in the history of the world have young men had an opportunity to fit themselves for the battle of life as it is now given them. In this, as in everything else, American push and public spirit lead the world.

All that the college graduate has been taught, and more, can be secured by the young man who gets a set of the Encyclopædia Britannica now offered to The Observer subscribers on the easy payment of 10 cents a day. But remember that our special introductory offer is for a limited time only.

The Observer,
CHARLOTTE, N. C.

A Z

Practical Notes on the Administration of Somatose.

By Edward Reichmann, Elberfeld, Germany.

Some time ago a preparation was introduced into the market which consists almost entirely of the readily soluble and assimilable albumoses, and which represents an excellent substitute for genuine egg albumin. Somatose is a yellowish granular powder, readily soluble in water, especially in warm water. Its watery solution has a slight, but peculiar odor, recalling somewhat that of glue.

Experiments in nutrition with this preparation which have been made by various investigators have abundantly demonstrated the utility of this remedy. In my own practice, as well as that of a number of my colleagues in this city. Somatose has also proved very serviceable.

I have employed this preparation almost exclusively in adults in cases of phthisis, pleuritis with marked debility, chlorosis with dyspeptic disturbances of various kinds, in part attended with marked vomiting. Some of the patients greatly relished it, while in others the taste had to be covered by various corrigents. In one case I was compelled to discontinue its use. This was a patient suffering from phthisis with pronounced dyspeptic disturbances, who was unable to take, without inconvenience, almost every variety of solid or liquid food, and refused to continue the use of Somatose, whether given in milk or cocoa. Another solvent, viz., coffee, which had been employed with advantage in other cases, could not be used here.

In general the results were very good. Somatose was well borne, no disturbances of the stomach or intestinal canal were experienced, and the nausea which not infrequently attends the use of peptones was not observed. In some instances considerable increase of weight was noted within a short time—an observation also made by some of my colleagues.

Among others the case of a child, eight weeks old, was reported to me, in which artificial alimentation was resorted to, but was followed by serious disturbances (frequent vomiting of caseous matter) so that the attending physician urgently advised the employment of a wet-nurse. With his consent, however, a trial was first made of Somatose Mother's Milk, (that is, milk in which the egg albumoses, recommended as an addition by Rieth had been replaced by the albumoses derived from meat, as found in Somatose,) and this preparation proved very serviceable. At the time of birth the child weighed 2900 gm., in the fifth week 3200 gm., no increase of weight occurring until the ninth week. After commencing the administration of Somatose the stools, which at first green, became normal, the vomiting subsided, and as I would especially remark, the vomited material was more flocculent. At the close of the period of Somatose administration the weight was 3485 gm., i. e., the child had gained 300 gm. within

ten weeks. I would report another observation from the practice of Dr. Ruhle. In a case of severe puerperal fever of ten weeks duration Somatose was administered in oatmeal, soup and other solvents for a number of weeks, and according to the opinion of Dr. Ruhle, the patient's recovery was in part attributable to this preparation.

As regards the dosage of Somatose, experience thus far has shown that the repeated administration of small doses is most advisable, as these are completely utilized and are at once available for producing a gain in flesh. A level teaspoonful (corresponding to about 3.0 gm.) given three to four times daily, in addition to the customary diet is amply sufficient.

As already mentioned, Somatose w s administered in milk, gruels, cocoa, coffee with or without milk. When given in bouillon the patients expressed themselves very differently with regard to its taste; while preferred by some this solvent was rejected by others. Another method of administering Somatose, which was regarded by one of my patients as very agreeable, consisted in dusting it on buttered bread.

In cases in which patients reject this preparation because the taste is not completely covered, a new method of administration may prove useful, namely, its mixture with biscuits or chocolate. Preparations of this kind containing 10 per cent. Somatose can now be obtained, and when given in this way the taste of Somatoes is completely concealed. These pro ducts will prove of value in many cases. The biscuits can be taken with tea or other beverages.

On the ground of the observations made by me, and the favorable results derived from the use of Somatose, I think this remedy is deserving of further trial.

Postscript.—A successful result to which Somatose materially contributed was recently obtained in the case of a young workman suffering from incipient phthisis. He was first treated by me at the Bethesda Hospital in this city, for hemoptysis, which was not severe. After leaving the hospital his weight diminished 1 kilo during the first eight day, but under the use of Somatose increased 2 kilo in the next eight days, and 2½ kilo in the following two weeks, a total increase of 4½ kilo in the course of three weeks.

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J. Milner Fothergill on Cooking Starchy Foods.

In one of his popular and readable treatises on the subject of digestive disorders, this well known author says:

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Paskola, the new medicinal food is a *completely* pre-digested starch. It is more than this, for it presents albumen or meat-digesting ferments in combination with its starch basis, and therefore insures the digestion of other foods in the stomach.

The medical profession have long recognized the want or rather the necessity of a palatable form of pre-digested starch, but until Paskola made its appearance, such a thing was not to be had.

To insure the assimilation of starch by administering it in an artificially-digested condition, not only conserves energy as pointed out by Dr. Fothergill, but it practically guarantees an increase in weight. Thus it is that Paskola has met with such phenominal success as a flesh-produeer, and its diges-ive properties make it almost a specific in many forms of gastric indigestion.

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Alcoholic Nausea.

If the stomach of your patient is nauseated by the excessive use of alcoholic stimulants, administer one or teaspoonfuls of Seng every hour or two until his stomach is O. K.

A Bill has been introduced into the New York Legislature providing that, when the terms of the coroners now in office expire, there shall be only one coroner for New York. He is to be a judicial officer exclusively, to sit without a jury, at a salary of 10,000 dollars. The duties of investigation, etc., are entrusted to the coroner's physicians, of whom there will be six instead of four.

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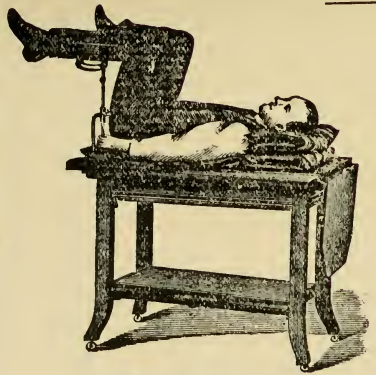

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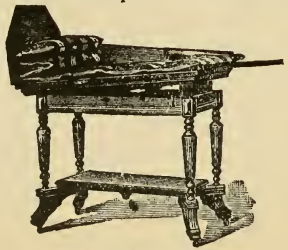

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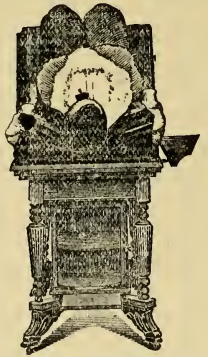

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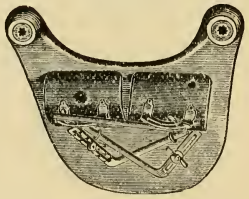

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Dr. Chauncy Stewart, of Allegheny City, Pa., has used Iodia very extensively it his practice and regards it as the "ideal alterative—the *sine qua non* in the treatment of syyhilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient does get well, he is well. He is not tortured with mercurial rheumrtism nor made to blush through the syphilitic blossoming of his face in after years. He is well. Unlike the long-continued use of other alteratives, Iodia does not reduce and debilitate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation."

January 21, 1895.

S. A. Rickard, Saratoga Springs, N. Y.

Dear Sir:—By courtesy of Emil Greeff of New York city, my attention was called to "Quinalgen, Dr. Viz." I do not hesitate to recommend this new Nervine to the profession as a most efflcient remedy for the treatment of Neuralgic and Rheumatic affections; and having made extensive use of it in my practice, especially in the present epidemic of Influenza or La Grippe, I am satisfied that Quinalgen is a most valuable addition to our Pharmacopoia.

Dr. August F. W. Reimer,
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Dr. Trumbull W. Cleveland, instructor of gynecology at the New York University Medical College, has been using Maltine with Coca Wine in conditions of depression following La Grippe, with marked benefit to the patient, and he also found it to mitigate some of the distressing symptoms of advanced phthisis. He finds it relieves many of the nervous phenomena that accompany certain uterine complaints.

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DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

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FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

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THE UNIVERSITY FAVORED.

A $600 Fellowship of 2 Years Established by Frederick Stearns & Co.

Ann Arbor, Mich., February 16.—It was at the meeting of the American Pharmaceutical Association, held at Asheville, N. C., last September, that a fellowship to be known as the "Stearns' Fellowship of Pharmaceutical Chemistry and Pharmacology," was conceived. Prof. J. O. Schotterbeck, of the university, and Dr. F. E. Stewart, director of the scientific department of Frederick Stearns & Co., at once formally presented the matter to the president, Mr. F. K. Stearns. It was then favorably received and reported, though the details of the arrangements were not completed until some time later. The fellowship offers excellent opportunity to graduates of the School of Pharmacy for original work, as the facilities are generally admitted to be the best in the country. During the coming year, the work of the fortunate candidate will be under the immediate supervision of the dean of the department, Dr. A. B. Prescott.

Only a short time since the Stearns art collection, comprising hundreds of beautiful water-color productions of Japanese fishes, executed at great expense by a famous Japanese artist, has been given to the university to be placed in the general museum. Let other follow the example thus so generously set by those true friends of the university.

Dr. Lawrence, in an article on "Diseases of the Skin and How to Treat Them," says:

Eczema is an acute, non-contagious inflammation of the skin, characterized either by an erythematous, papular, vesicular or pustular eruption, or a combination of these, accompanied with burning, itching and more or less infiltration, terminating either in discharge, with the formation of crusts, or in desquamation, I have used a preparation of the Ethereal Extract of Pinus Pumilio, called Pineoline, in all stages of this very annoying and troublesome cutaneous eruption with the most gratifying success. The itching and burning, which are among the more prominent subjective symptoms, are very quickly and permanently allayed. In the exudative stage, and in the stage of exfoliation, following, it is a most admirable local application when the skin is infiltrated and thickened; and where there is a tendency to fissures, no preparation that I have ever used so rapidly reduced these and returned the parts to a healthy condition, as does Pineoline. In eczema of nervo-bilious subjects the symptoms are usually irritable; in scrofulous individuals they run speedily and freely to the formation of pus, while in gouty subjects they are apt to be inflammatory. In all of these varieties, taking into consideration the temperament and idiosyncrasy of the patient, you will never be disappointed by this ointment.

Limits of Therapeutic Utility of Trional.

In an inaugural dissertation presented to the University of Strassburg, Dr. B. Rohmer has endeavored to determine to what extent Trional is available in medical practice. The remedy was employed in 29 cases, comprising conditions capable of preventing, or at least disturbing the sleep, such as restlessness, bodily pains or irritating cough. In all but one case Trional was found to possess hypnotic properties, and in 12 of these the effect was always the same although the period of administration extended over several weeks, while in 7 the effect was weakened or lost in the course of time, necessitating an increase of dose. In some cases the apparent cause of this was the presence of bodily pains which exerted an inhibitory influence upon the action of Trional. Thus, in a sleep of ten hours' duration resulted from the 1.0 gm. given the first evening, the effect of the same dose given on the following day was completely counteracted by the presence of toothache. That the pain must, however, attain a more or less high degree of intensity in order to neutralize the action of the remedy is demonstrated by a case of tabez dorsalis in which sleep could not be induced by morphine, but followed administration of 2.0 gm. Trional. The author's experience further demonstrates that the action of a single dose may extend over several nights, although he was unable to confirm the observations of others that the effect is developed on the average in the course of half an hour. Even in the case where its action was pronounced, sleep frequently failed to appear until the end of two hours. The duration of the effect varied from two and one-half to ten hours. Sleep was deep and quiet, and the patients rarely experienced any disturbances on waking. Judging from its behavior in two cases of cardiac disease, Trional seems to be devoid of toxic influence upon the circulatory system. After prolonged administration no disturbances resulted when it was discontinued. Rohmer's observations conform, therefore, in the main to the experience of other observers. He regards the remedy as especially indicated in psychiatric practice, and recommends its use in simple insomnia, and even where this condition is due to pain. The doses varied from 0.5 to 3.0 gm. given in wafers and followed by a swallow of water.

Clinical Experiences with Solutions of Pyrozone.

Dr. W. W. Bulette in his article on Acute Otitis Media says: "After the hyperæmic stage has passed and the inflammatory symptoms have begun to subside, and the discharge has appeared, the ear should be syringed with hot water, first dropping into it 5 or 6 drops of a 3 per cent solntion of pyrozone—$H_2 O_2$ (McKesson & Robbins). The douching should be kept up at each consultation until the epidermis of the canal assumes the appearance of 'washer-woman's hands,' after which the canal should be thoroughly dried with cotton on the end of a probe."—*Medical Bulletin.*

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I take pleasure in signifying that I have been highly pleased with Pasteurine, in both tablet and liquid form. I find it a reliable antiseptic preparation for acute and chronic inflammation of the mouth and throat. It is cooling to the throat, and especially grateful to patients.

HANAU W. LOEB, M.D.,
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Pasteurine is excellent, especially in laryngeal phthisis and also in tubercuiosis pulmonom.

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I have used Pasteurine for six months, and it is just simply immense. I have given it a thorough test in diphtheria, catarrh of the nose and throat, and as a deodorant and antiseptic in typhoid fever, it is *the* remedy.

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Your new preparation, Pasteurine, has proven to be just what you represent it. As a surgical wash it is *par excellence* and indispensable. Shall continue to use and prescribe it.

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More economical in price and use than similar preparations.

Full size samples free to any Physician who will pay express charges.

PASTEURINE CHEMICAL CO., St. Louis, Mo.

THE MARVELOUS KOLA NUT.

Natives of Africa Consider it Beneficial to the Human System.

WASHINGTON, November 19.—The State Department has been calling upon United States consuls in Africa for specific information respecting the marvelous Kola nut, which by its peculiar action upon the muscular system enables the African negroes to make long journeys, bearing enormous loads under tropical suns and across difficult country without food. Cases authentically reported prove that an old negro may carry a 176-pound bag of coffee four leagues by chewing a single nut slowly. Robert P. Porley, United States consul at Sierra Leone, Africa, has sent in the first report on this subject, treating of the means of growing and preparing the nuts. He says the natives eat the nuts in early morning as a stay against the want of ordinary food, while traveling, and in the evening to induce sleep, Altogether they consider that a general benefit to the human system is derived from the consumption of the Kola, say a single nut morning and evening.

We are just in receipt of an exhaustive Monograph on Kola, issued by the Scientific Department of Frederick Stearns & Co., Detroit, Mich, which gives full information regarding the wonderful tonic stimulant properties of this drug, and many interesting facts relating to its growth and the important part it plays in the social intercourse between the natives of Africa, where it is indigenous. Messrs. F. Stearns & Co. were the introducers of Kola nuts to the Medical and Pharmaceutical professions of the United States, being the first to offer the drug for sale in the beginning of the year 1881. They are headquarters for Kola nuts in this country, importing them in the fresh state in immense quantities direct from Africa. Any physician who is desirous of obtaining a sample of the fresh nuts for planting, or a copy of the Monograph on Kola should address their Scientific Department.—*Detroit Free Press.*

I have for a number of years been subject to periodic attacks of hepatic congestion, and, after going the usual rounds without much benefit, I determined to try Peacock's Chionia. I am free to say that the results obtained from the use of two bottles were eminently satisfactory. Prior to its use my urine was very light colored and it was gratifying to see it return so promptly to its normal condition. The sclerotic change was also very perceptible. Peacock's Chionia is a frequent ingredient of my prescriptions. I have had remarkable results from its use.

Shenandoah, Pa. J. PIERCE ROBERTS, M. D.

The Phosphate of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion. General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. See advertisement.

A Prominent Physician

Happily characterizes the dual action of "Maltine with Coca Wine," in the following graphic manner:

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Oysters and Typhoid Fever.

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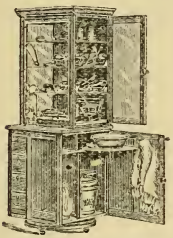

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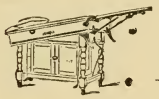

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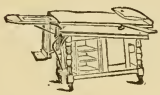

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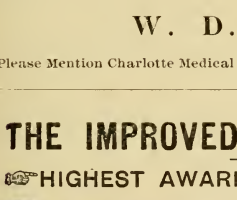

Fig. V—Semi-Reclining.

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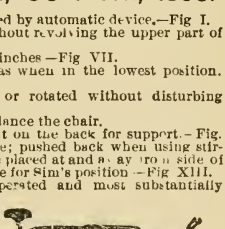

Fig. XVII—Dorsal Position.

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This preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function*, and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile* and *Hysterical Convulsions*, the most happy results follow its use. The *ELIXIR SIX BROMIDES* cannot be overrated in relieving *Nervous Headache, Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of *Seminal Emissions* it is of great service. We claim that the ELIXIR SIX BROMIDES, is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered, also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE ANÆMIA that so often follow the use of the Bromides given alone.

ELIXIR SIX HYPOPHOSPHITES

The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System,

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains.

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

ELIXIR SIX APERIENS

A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

FORMULA.

Each fluid ounce (with Aromatics) contains:

Rhamni Purshiani Cortex (Cascara Sagrada) grs. xxx,
Podophyllum Peltatum (May-Apple) grs. xxx.
Taraxacum Officinale (Dandelion) grs. xxx.
Juglans Cinerea (Butternut) grs. xxx.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm

There are few disorders that cause so much mischief as CONSTIPATION. The ELIXIR SIX APERIENS is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but Strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCY. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

Physicians when prescribing will please write:

R ELIXIR SIX ..... original bottle—*(Walker-Green's)* Druggists will please write directions on their own labels.

A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

WHOLESALE PRICE PER DOZEN, Iodides, $3: Hypophosphite, $3; Bromides, $6: Aperiens, $4.

SEND FOR DESCRIPTIVE CIRCULAR.

These Elixirs are kept in stock by Wholesale Druggists generally throughout the United States.

THE WALKER-GREEN PHARMACEUTICAL CO. [INCORPORATED]

HEAD OFFICE, 100 W. ..... STREET, GLASGOW, SCOTLAND.

Western Depot, U. ..... Fifth St., Kansas City, Mo

IODIDE OF LIME.

(NICHOLS)

Now Furnished in Tablets.

IODIDE OF LIME possesses an ALTERATIVE power possessed by few other remedies. It is especially indicated in

Croup and in Fibroid Tumors.

Dr. V. E. Lawrence, of Halstead, Kansas, writes: "I believe the remedy is the most reliable ever used in Membranous Croup."

Dr. A. G. Beebe, of Chicago, writes: "Under it I have never lost a case of membranous croup, although I have used it for twenty years in a large city practice."

IODIDE OF LIME is manufactured SOLELY by

BILLINGS, CLAPP & CO., Chemist, 165 High Street, BOSTON, Mass.

Tablets of IODIDE OF LIME may be obtained of Wholesale Druggists, or the manufacturers will send a bottle of 100, postage prepaid, to any address on receipt of thirty-five cents in stamps.

Yours truly,

BILLINGS, CLAPP & CO.

Saved at Eleventh Hour.

WHEATLAND TEXAS, Sept. 29, 1891.

PARIS MEDICINE CO., ST. LOUIS, MO.:

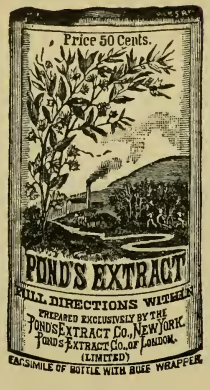
GENTS:—In the ten years that I have been actively engaged in the practice of medicine, I have never, until now, written a testimonial to the value of any medicine; but such is the debt of gratitude I owe to **Febriline** and the genius that formulated its composition that I deem it a plain duty to say that the life of our only child —a little girl 2½ years of age—was doubtless saved by using, at the eleventh hour, **LYON'S TASTELESS QUININE**, in breaking up an attack of malarial fever of so obstinate a type that it set at defiance every other preparation of Cinchona and its Alkaloids, available in such cases.

Every dose of Cinchona Alkaloid, given or injected in any and every combination was immediately ejected, and the fever had obtained such a hold that a fatal condition seemed imminent. At last I thought of **Febriline**, a dose of which I had never prescribed. Not one dose was ejected by the stomach, and after the third dose of five gr. preparation a profuse diaphoresis occurred, coincident with a rapid decline of temperature to subnormal, the comatose condition vanished and convalescence was rapid. I have since used it in my practice constrantly, and with unvarying good result. As a febrifuge *per se*, as well as an anti-periodic, I consider it, for children, PAR EXCELLENCE.

Yours truly,

G. V. HALE, M. D., (Jeff.) LL.B.

Does not affect the head like the Quinine Sulphate. Specially adapted for ladies who dislike to take Capsules. Samples sent by mail.



FACSIMILE OF BOTTLE WITH BLUE WRAPPER.

PHYSICIANS who desire that their patients should use some form of Hamamelis or Witch Hazel can be sure of obtaining a preparation which is unvarying in its strength and always to be relied upon for its efficacy and purity by specifying **POND'S EXTRACT,** in their prescriptions. This precaution is necessary because of inferior preparations of witch hazel, frequently recommended by druggists as just as good as POND'S EXTRACT.

POND'S EXTRACT is indicated for **pains, bruises, sprains** and many troubles of an **inflammatory** character in which a soothing and healing lotion is desirable. It has also very valuable properties as a **styptic** and **astringent**, and is, therefore, especially useful in checking **haemorrhage**. It is besides **antiseptic,** entirely without danger from poisonous effects, and can be used in any quantity without fear of harmful results. It is scientifically prepared and always uniform.

It is, therefore, recommended to the medical profession as a safe and useful preparation. *A bottle will be sent free to any physician on application.*

Prepared only by **POND'S EXTRACT COMPANY, 76 Fifth Avenue, New York.** **Trade Mark on every Wrapper.**

DR. H. C. HERRING,
Dentist,
CHARLOTTE, N. C.
OFFICE IN THE
DAVIDSON BUILDING.

Generals and Local Agents, $75 a week. Exclusive territory. The **Rapid Dish Washer.** Washes all dishes for a family in one minute. Washes and dries them without wetting the hands. You push the button, the machine does the rest. Bright, polished dishes, no scalded hands or clothing. No broken dishes, no muss. Cheap, durable, warranted. Circular free. **W. P. HARRISON & Co.,** Clerk No. 12, Columbus, O.

Pharmaceutical Products of

The Farbenfabriken vorm Friedr Bayer & Co

Phenacetine-Bayer

ANTIPYRETIC
ANALGESIC
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PHENACETINE-BAYER is indicated in all acute, inflammatory, febrile conditions, and all forms of pain. It is the safest, while the MOST ACTIVE AND RELIABLE of the antipyretics and analgesics. It has proved invaluable in influenza. Phenacetine-Bayer is supplied in ounces, tablets and pills; also in pills and tablets combined with Salophen, Sulfonal, quinine, caffeine, etc.

Sulfonal-Bayer

HYPNOTIC
NERVE
SEDATIVE

SULFONAL-BAYER is a reliable, safe and active remedy for insomnia and the neuroses. It allays restlessness and induces physiological sleep, FREE FROM NARCOSIS and without disagreeable sequelæ Sulfonal should always be administered thoroughly dissolved in boiling water, milk or tea, which is allowed to cool until it reaches the drinking point. Supplied in ounces, tablets and pills

Lycetol-Bayer

URIC ACID
SOLVENT
ANTIARTHRITIC

LYCETOL is the tartrate of dimethylpiperazine, and in addition to the action of the base as a uric acid solvent, possesses marked ALKALINE AND DIURETIC properties. It is hygroscopic, has a pleasant taste, and is suitable for prolonged administration. In cases of gout, it promptly relieves the symptoms and prevents recurrences of the attacks. Lycetol-Bayer is supplied in ounces.

LYCETOL
SOMATOSE
LOSOPHAN
TANNIGEN
PHENACETINE
SALICYLIC ACID
PIPERAZINE-BAYER

ARISTOL
TRIONAL
SULFONAL
EUROPHEN
SALOPHEN
ANTINONNIN
EUROPHEN-ARISTOL

Europhen

IODOFORM
SUBSTITUTE
ANTI-SYPHILITIC

EUROPHEN is a complete substitute for iodoform. It has five times more covering power than the latter, an agreeable odor, and forms a NON-TOXIC AND NON-IRRITATING adhesive dressing. Europhen is an ideal cicatrisant and antiseptic for wounds, catarrhal or ulcerative lesions, and has a special value in general surgery, venereal diseases, especially syphilis, and in dermatology. Supplied in ounces.

Salophen

ANTIRHEUMATIC
ANTINEURALGIC
ANTISEPTIC

SALOPHEN is a salicylic derivative of a non-toxic phenol, and is safe and effective. According to careful clinical investigations it is the MOST ELIGIBLE remedy in rheumatic affections, both acute and chronic, and has proved valuable in migraine and influenza. Salophen is supplied in ounces, tablets and pills. In very painful conditions and in influenza, it may be combined with Phenacetine.

Full Descriptive Pamphlets sent on application

W H Schieffelin & Co New York

TRIKRESOL.
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DIPHTHERIA ANTITOXIN SOLUTION,

SCHERING,
PREPARED IN THE
BACTERIOLOGICAL DEPARTMENT
OF THE

Chemische Fabrik Auf Actien,

(Formerly E. SCHERING,)
BERLIN, GERMANY,
Under the Supervision of HANS ARONSON, M. D.

Supplied in 5 c.c. m. (about 80 minims) vials, sufficient for one average curative injection.

The attention of the medical profession is called to the fact that, as a guarantee of genuineness, the box containing vial bears the name of

Schering & Glatz, NEW YORK,
SOLE AGENTS FOR THE UNITED STATES.

DIABETIN.
Schering.

RUBIDIUM IODIDE.
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BEECHWOOD CREOSOTE AND GUAIACOL ARE IRRITANT AND CAUSTIC POISONS.

Fatal gastro-enteritis has occurred from so small a dose as 80 minims, as Professor Oscar Wyss and Dr. Ludwig Friedheim have reported. (Deutsche Medizinische Wochenschrift, March 29, 1894, and Berliner Klinische Wochenschrift, November 20 and 27, 1893). The ordinary creosote treatment leads to chronic inflammatory changes and destruction of the digestive organs. (Prof. Carl Stoerk, Archiv fur Laryngologie, 1893, p. 213.)

The purely curative action of creosote without these noxious and poisonous effects can be obtained only by the use of

CREOSOTE CARBONATE, Von Heyden, (CREOSOTAL.)

Absolutely devoid of Cauterant and Poisonous Action as well as from the intensely unpleasant Creosote Odor and Taste.

The daily dose is from one to four teaspoonfuls, either pure, mixed with ten parts of cod liver oil, or given with milk, or with Tokay or other sweet wine. This latter amount of the ordinary creosote would be a fatal dose.

The beneficial effects of CREOSOTE CARBONATE are speedily noted in the increase of the appetite and body-weight which are followed by a diminution of the cough, and, finally the healing of the pulmonary lesions. It causes no irritation of the gastro-intestinal tract; so that even sensitive patients, in whom the administration of beechwood creosote always gives rise to vomiting and diarrhœa, bear CREOSOTE CARBONATE, beaten up with the yolk of an egg, in doses of 5 to 50 drops daily without difficulty. In exceptionally sensitive stomachs, the entirely tasteless GUAIACOL CARBONATE, in the form of powder, may be administered in daily doses of 8 to 30 grains in capsules or wafers.

The larger doses employed make the apparent cost of the CREOSOTE CARBONATE treatment greater than that of the srdinary creosote therapy. In reality, however, the cost is much less. The shortness of the time during which the remedy must be taken more than compensates for its higher price. The patient who buys his creosote in creosote pills, creosote capsules and creosote wines, pays considerably more for it than he who buys it in CREOSOTE CARBONATE.

Literature furnished upon application.

SOLE AGENTS FOR THE UNITED STATES.

SCHERING & GLATZ,
No. 55 Maiden Lane, NEW YORK.

Succus Alterans

Vegetable Alterative and Tonic.

A specific in the treatment of Syphilis, Blood and Skin Diseases, Chronic Eczema, Catarrh and Rheumatism. Taken by infants and adults any length of time without injury.

Elixir Purgans

A Perfect Liquid Cathartic.

Reliable laxative and hepatic stimulant. Special benefit in the treatment of habitual constipation of women.

Pil. Aphrodisiaca

Nerve Tonic and Aphrodisiac.

A remedy for nervous diseases, mental overwork and sexual debility. As a nerve tonic it has no equal.

Prescribe as **Pil. Aphro. (Lilly.)**

Glycones

Operates in Five Minutes.

Harmless remedy for the immediate relief of constipation. When inserted the Glycone lubricates and empties the lower bowel.

Specify "LILLY'S." HAVE YOU USED THE GENUINE? Send for Pamphlet.

Eli Lilly & Company, Indianapolis, Ind.

Uniformly Effective, Agreeable and Lasting,—the Standard Preparation of Erythroxylon Coca

During past 30 years most popularly used Tonic-Stimulant in Hospitals, Public and Religious Institutions everywhere.

VIN MARIANI

"MARIANI WINE"

We have received over 7000 written endorsements from PROMINENT PHYSICIANS in Europe and America.

FORMULA: The concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

DOSE: Wine-glassful three times a day, or more or less at Physician's discretion.

Nourishes - Fortifies - Refreshes

AIDS DIGESTION - STRENGTHENS THE SYSTEM

AGREEABLE TONIC-STIMULANT WITHOUT UNPLEASANT REACTION.

To avoid disappointment please specify "Vin Mariani."

SOLD AT ALL PHARMACIES.

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MARIANI & CO., 52 W. 15th St., New York.

The Demand For,

a pleasant and effective liquid laxative has long existed—a laxative that would be entirely safe for physicians to prescribe for patients of all ages—even the very young, the very old, the pregnant woman, and the invalid—such a laxative as the physician could sanction for family use because its constituents were known to the profession and the remedy itself had been proven to be prompt and reliable in its action, as well as pleasant to administer and never followed by the slightest debilitation. After a careful study of the means to be employed to produce such

A Perfect Laxative

the California Fig Syrup Company manufactured, from the juice of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

is met by Our Method

of extracting the laxative properties of Senna without retaining the griping principle found in all other preparations or combinations of this drug. This method is known only to us, and all efforts to produce cheap imitations or substitutes may result in injury to a physician's reputation, and will give dissatisfaction to the patient; hence, we trust that when physicians recommend or prescribe "Syrup of Figs" (Syr. Fici Cal.) they will not permit any substitution. The name "Syrup of Figs" was given to this laxative, not because in the process

# of Manufacturing

a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

"SYRUP OF FIGS"

as a laxative is one or two teaspoonfuls given preferably before breakfast or at bed time. From one-half to one tablespoonful acts as a purgative, and may be repeated in six hours if necessary.

"Syrup of Figs" is never sold in bulk. It is put up in two sizes to retail at fifty cents and $1.00 per bottle, and the name "Syrup of Figs" as well as the name of the California Fig Syrup Company is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP COMPANY

SAN FRANCISCO, CAL.

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— INDISPUTABLE FACTS. —

"H. V. C."

(Hayden's Viburnum Compound.)

Is acknowledged by the majority of the Medical Profession in the United States to be the Standard Remedy for

AILMENTS OF WOMEN

—AND IN—

—OBSTETRIC PRACTICE—

—FOR—

The Following Reasons:

It is PROMPT and immediate in its action.
It is RELIABLE.
It is perfectly SAFE in any and all cases.
It is free from NARCOTICS and POISONS.
It is superior to Ergot in all cases.

☞ **No Accident Ever Occurred from Its Administration.** ☜

It is agreeable to the Patient.
It is satisfactory to the Prescriber.
It is recommended and prescribed by the most eminent physicians in this country.
It is largely employed in the great Hospitals and Remedial institutions.
It has been in the hands of the medical profession more than twenty-five years.
It has been indorsed by the written statements of more medical men than all other similar preparations combined in the world.

Reference: The majority of the Medical Profession of the United States and Australia.

For Formulas, Special Directions, Report of Cases, Treatment, and written endorsements of FIVE THOUSAND Physicians, send your address for our large Handbook, FREE to Physicians only.

Write only for H. V. C. All reliable Druggists. Put up in 4 oz., 10 oz., and 16 oz. bottles.

NEW YORK PHARMACEUTICAL CO.,
BEDFORD SPRINGS, MASS.

PEACOCK'S BROMIDES

(CHEMICALLY PURE.)

Each fluid drachm represents 15 grains of Combined Bromides.

Uses: Uterine Congestion, Headache, Epilepsy, and all Congestive, Convulsive and Reflex Neuroses.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

AVOID THE USE OF COMMERCIAL BROMIDE SUBSTITUTES.

CHIONIA FROM CHIONANTHUS.

USES:

ALL DISEASES CAUSED BY HEPATIC TORPOR.

Does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE.—One Fluid Drachm three times a day.

PEACOCK CHEMICAL CO., - ST. LOUIS.

SENG ACTIVE CONSTITUENTS OF Panax Schinseng (Manchuria)

FOR

INDIGESTION AND MALNUTRITION.

Specially indicated in Phthisis and other Wasting Diseases.

DOSE.—One or more teaspoonfuls three times a day. For Babies, one to ten drops during each feeding.

CACTINA PILLETS

INDICATED IN ABNORMAL HEART ACTION.

Given with Antipyretics TO PREVENT Cardiac Depression.

☞Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

DOSE.—One Pillet every hour, or less often, as indicated.

SULTAN DRUG CO., St. Louis and London.

Tuttle's Pre-Digested Beef Capsules.

(SOLUBLE AND ELASTIC.)

Each Capsule of Predigested Food (made by Peptic Digestion), represents the nutritious properties and stimulant of 2 ounces of Fresh, Raw, Lean Beef, previously sterilized.

Tuttle's Tri-Digestive Tablets,

A Scientific Compound of the principle FERMENTS of the U. S. P.

Essential in the successful **TREATMENT** of all forms of GASTRITIS and INTESTINAL DISTURBANCES which INTERFERE with DIGESTION. Invaluable in ACUTE and CHRONIC forms of INDIGESTION and NERVOUS DYSPEPSIA.

TRI-DIGESTIVE TABLETS act in an ACID or ALKALI medium. It differs in ITS EFFECT from all PEPSIN PREPARATIONS.

REPRINTS and SAMPLES on Application.

All genuine Tablets have "T" on them. In **PRESCRIBING** beware of **IMMITATIONS** and **SUBSTITUTES.**

THE CALUMET CHEMICAL CO.,

MANUFACTURING CHEMISTS,

142 N. Fourth Street, - Philadelphia.

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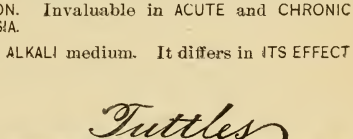

Tri-Digestive Tablets.

ANTITHERMIC ANALGESICS IN PAIN! MALARIA! GERMS!

ESPECIALLY INDICATED OUR

"ANTIKAMNIA QUININE AND SALOL TABLETS"

(CONTAINING, 2 GR. ANTIKAMNIA, 2 GR. SULPH. QUININE, 1 GR. SALOL)

ANTIKAMNIA—Powdered and Tablets.

Antikamnia and Codeine Tablets,
(4¾ gr. Antikamnia and ¼ gr. Codeine.)
Antikamnia and Quinine Tablets,
(2½ gr. Antikamnia and 2½ gr. Quinine.)
Antikamnia and Salol Tablets,
(2½ gr. Antikamnia and 2½ gr. Salol.)

OUR TABLETS CONSIST OF THE MEDICINAL INGREDIENTS ONLY, COMPRESSED WITHOUT ANY EXCIPIENT. THEIR PROMPT DISINTEGRATION AND ASSIMILATION GIVE CERTAINTY AND CELERITY OF EFFECT.

The Antikamnia Chemical Company,
ST. LOUIS MO.

(SAMPLES ON APPLICATION.)

NERVE AND TISSUE FOOD.

(HENSEL.)

This FOOD supplies the blood with the mineral elements necessary for the proper maintenance of the Nerves, Tissues, Bones, etc., and, consequently, of physical health.

It is composed of the mineral elements to be found in the healthy human blood. These are combined in accurate proportion and prepared so as to be readily assimilable. If the daily food contained these elements, then this FOOD would not be needed, but the diet of VERY few, contains them.

The Nerve and Tissue Food

Should not be regarded as a medicine, for it is not a medicine, but a FOOD. A great many ills result from errors of diet; but (though it is not so generally known) a far greater number of ills are the result of a deficient diet—not a deficiency in amount, but in elements. This Food supplies that deficiency. If one does not need it, it does him no harm; if, on the other hand, it is needed, then NOTHING ELSE CAN TAKE ITS PLACE, for, in that case, the body is not suffering from a disease that drugs can cure, but fro malnutrition.

The Nerve and Tissue Food

Does not interfere with medicine, though, where there is no immediate danger, it is well to administer it alone for a few weeks, for, as stated above, a vast number of ills are the result of mal-nutrition, which can be removed by this FOOD alone.

The proper amount to take at a time is the half of a level teaspoonful—the bowl full, but not heaped. It may be stirred into soup, milk, cocoa, or in a glass of hot water.

The prices are:

Small Package, sufficient for a three weeks supply, 35 cents; by mail 38 cents.

Per Pound, $2.50.

BOERICKE & TAFEL,

PHILADELPHIA—1011 Arch St. and 111 S. 13th St.

NEW YORK—145 Grand St. and 15 West 42d St.

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Business Established in 1835.

Write to Us for

WHAT YOU WANT.

The way to know a store is to test it—buy of it. Pick some common things, things that you know the real worth of. What of the qualities? What of the styles? What of the prices? Take no one's say so. Be judge and jury. No need of going hap-hazard. If your home store doesn't do right by you, there are plenty that will. Some stores take extra care to be fair and prompt with distant traders. They try to think as well as to buy and send for them. It's money in pocket and peace of mind for you to deal with that sort of a store.

☞ THAT'S THE **Seigle & Co's.** WAY OF DOING IT.

The customer's interest is our interest. We mean that it shall profit you to do so. No matter how far from the store you may be, you have but to write for what you want, and that letter or postal sets, maybe, a dozen people on the go—and all for you. There are picking and comparing, and running here and there, and after the choice comes the writing down and figuring up and packing and sending. And when the quick package comes to you in California, or Maine, or Texas, or where not, all this extra work does not take one more cent from your pocket. Suppose you take Dress Goods. That's a fair try. Our stock is very complete and none better—the most attractive to look at and the most considerate of your pocket-book! Sounds like a big statement, doesn't it? Put us to the proof. No- thing easier than to send for samples or yards.

Address,

T. L. SEIGLE & CO.,

CHARLOTTE, N. C.

☞ Every article bought of us that does not prove to be exactly as represented must be returned at once, and, like a draft, it will be cashed on sight. We prefer to be reliable to anything else.

By order of T. L. SEIGLE & CO.

WE MAKE CARPETS, RUGS, MATTINGS AND CURTAINS A SPECIALTY.

Prices sent on application.

Please Mention Charlotte Medical Journal.

Robinson's Phosphoric Elixir.

A Modified and Improved Form of Chemical Food.

A SOLUTION of the Phosphates of Iron Sodium, Potassium and Calcium: in an excess of Phosphoric Acid.

Each fluidounce represents:

Phosphate	Sodium	12 grains.
"	Potassium	4 "
"	Calcium	4 "
"	Iron	2 "
FREE	Monohydrated Phosphoric Acid	16 "

Each fluidounce is approximately equal to (30) grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

Unsurpassed in excellency and palatability.

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion,

Melancholia, General Debility, Renal Troubles, Etc.

DOSE.—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during or after meals. PINTS, $1.00.

MANUFACTURE ALSO **ROBINSON'S**

HYPOPHOSPHITES, Nutritive, Tonic, Alterative.
HYPOPHOSPHITES AND WILD CHERRY BARK, a very Valuable Combination.
LIME JUICE AND PEPSIN, Valuable Digestive Agent.
AROMATIC FLUID PEPSIN, Dyspepsia, Indigestion or any Digestive Disorder.
WINE COCA, Nerve Stimulant.
ELIXIR PARALDEHYD, Hypnotic, Sedative, Anodyne.
COLORLESS HYDRASTIS.

Please Specify ROBINSON'S.

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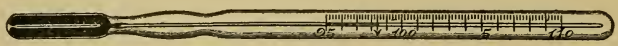

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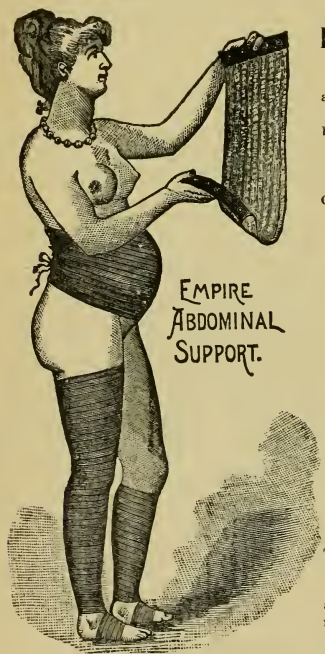

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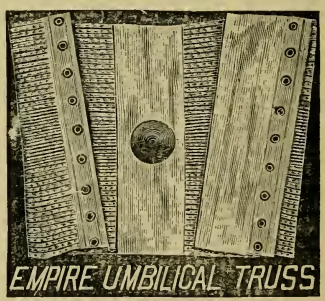

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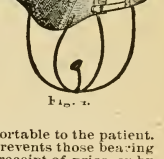

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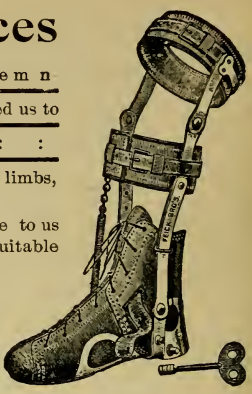

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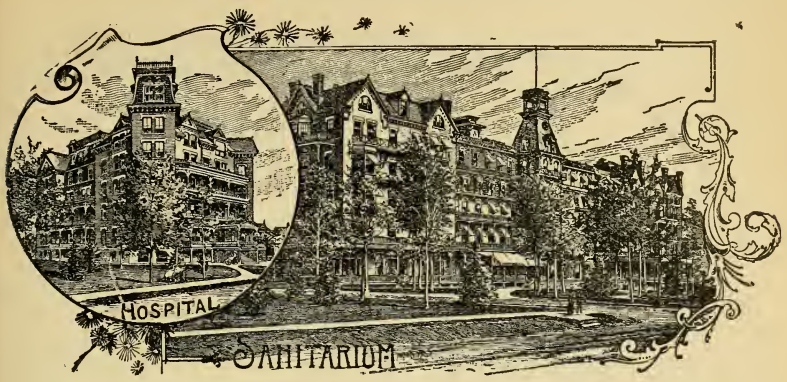

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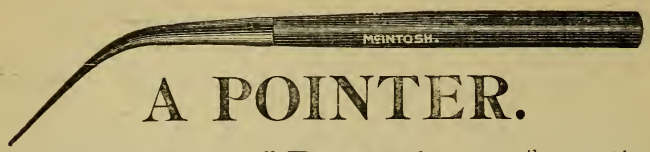

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The Charlotte Medical Journal.

VOL. VI. CHARLOTTE, N. C., APRIL, 1895. No. 4.

The Doctor as a Citizen.

By P. W. FALLS, M. D., New Orleans, La.

Written for the Charlotte Medical Journal.

The great desideratum in the mind of the new beginner in the practice of medicine, is to pitch his tent on an elevated and distinguished plane, and be characterized as a man of authority and made able to cope with the outside world. Yet, at times, forgetting that his fellow men may have him in mind as a man looked upon as an exemplary man, whom having been crowned with honor, is looked to for advice, consolation and decision. Looked upon as a man measuring arms with men of renown and credit, enjoying the happiness of mankind and made to realize the fact that man was created to enjoy the blessings of earth, to rank as the highest of the animal kingdom, and the noblest work of God.

The common pride of a gentleman, constrains him to give heed to the phrase "honest man," but referring the term to pecuniary engagements only.

Honesty should be treasured as that which keeps the key of prudence and unlocks the sanctuary of wisdom. The maxim that "honesty is the best policy," is one which perhaps no one is ever habitually guided by in practice. An honest man is always before the maxim, and a knave generally behind it.

Wisdom without honesty is mere craft; and the reputation of honesty must first be gotten, which cannot be but by living well. A good life is a main argument. Knowledge is that, which next to virtue, truly and essentially raises one man above another.

Knowledge will ever be a wandering and indigested thing if it be but a commixture of a few notions that are at hand and occur and not excited, from a sufficient number of instances, and these instances well collated.

In a seeing age, the very knowledge of former times passes for ignorance in a better dress.

The doctor who would wantonly stand as a guide and star among his fellowmen, must honor the ties that bind us together as citizens. Nothing holds a physician in rank as well as to be numbered in first class as an honorable, solid and respected citizen, and be able to utter with a noblehearted unspotted name: "God made us men, and men made us citizens." The name of a good citizen is immortal. The good man is

always victorious over the last enemy, however long the campaign may be, and however hard the battle, he always carries off the conquerors palm, and when life's fitful fever is o'er and he lies down to his rest, it is said of him, though dead, he still lives in the minds and hearts of his fellow men.

The proverb, "a good name is better than great riches," should rest in the mind of the young doctor, as also, "give instruction to a wise man and he will be yet wiser, Teach a just man and he will increase in learning, and the tongue of the just is as choice silver."

The want of ambition contributes signally to retard the progress of medical science. A majority of those who belong to the profession are destitute of the excitement which it imparts, and consequently deficient in those exertions by which only the profession can be advanced.

In the selection of young men for the study of medicine some reference in general is necessary to talents and aspirations, or most of them would grow up and go down to the grave inemulous of distinction and blind to every recompense w ich cannot be recorded on their ledgers. Emulation, moreover, requires contiguity and contact, and is most energetic where the pressure of rivalship is greatest. A diploma constitutes the great object of ambition with every student of medicine. This being acquired, he feels disposed to relax in his efforts and enjoy his new dignity. In the opinion of his teachers, and of course of himself, he is qualified for the practical duties of the profession, and a happy feeling of complacency, sometimes of self sufficiency, springs up. He is no longer a pupil, but a physician. Walks on a higher plane, is surrounded by new associates, and either turns his thoughts toward new objects, or none at all. The young man of merit regards a diploma as only one of the series of honors which lie within his grasp. He stops to breathe, but still remembers that he has passed his novitiate only, and must still and speedily resume the labors by which alone he can hope to reach the highest honors of the profession.

Many desire, even resolve, to be distinguished, but neglect to employ the proper means. Aware of the necessity of study, they intend to recommence it, but put off the day of renewed labor till it is too late. Habits of idleness are formed, the allurements of society establish their fascination, examples of partial or temporary success in the acquisition of business, without an attention to studies, unfortunately surround them, and the ignorance of the world disclose to them the possibility of acquiring without deserving its confidence, hard study begins to appear less indispensable and more repulsive. Their noble resolves are forgotten, their destiny becomes fixed, and an humble one it is.

The physician who neglects his studies for the first few years after graduation, will seldom resume them. In many respects this is the most important period of his whole life. The omissions of youth may be sup-

plied, those of manhood are fatal to our prospects in proportion to their number and magnitude.

Every young physician should devote a portion of time to branches of learning which engaged his attention before he began the study of medicine. By so doing he would, if previously well taught, soon make himself an able and accurate scholar. Or, having been denied the advantage of early opportunities, he might supply many deficiencies, and save himself from the odium of gross illiterateness.

It is equally necessary for the young physician to review his professional studies, especially his anatomy. Should it once glide from him, the substantum of his surgery, physiology, and pathology, is gone. To prevent this he should study it in connection with these important branches, and unite the whole into one system, by which only can it be retained, or they be illustrated.

But he must not merely review, he must extend his professional studies. Previous to graduation the most industrious student can study but a small part of the books which are current in the prefession. He has had before him but a few specimens in each department. A large portion remains to be studied. In this he should proceed with method. First, he ought successively to undertake the study of particular diseases, or groups of diseases and seek in all the books consecutively, for what relates to them. In manner, he will form his own monographs. Secondly, when actual cases of disease present themselves, he should read whatever may be within his reach in reference to them. Such readings are more profitable than any others, because the motives which prompt him sustain his attention, and invigorate his understanding.

The constant changes in the form and character of the diseases to which human flesh is heir to, compel an extraordinary growth and development of the methods of treatment, and the means requisite for the qualification for the practitioner to keep pace with the necessities of his profession. To do so, requires the exercise of a high degree of mental capacity, courage, and the especial training in a well equipped medical college.

The course of instruction in these institutions is thorough, and the test for graduation severe, but without such education, coupled with sound judgment, discretion and the attributes of a gentlemen no man can successfully practice medicine, or even commend the respect of the profession as a practitioner.

Physics, chemistry, pharmacy and surgery, which are taught in these institutions of learning, are the most difficult of sciences, which are grasped only by those strong, vigorous. retentive minds, which would attain prominence in any other business, profession or calling. They are the sciences which, of all others, come nearest explaining to us the great mysteries of nature, that make known to us the substance, composition and properties

of bodies ; that, aided by kindred studies, give us our most comprehensive and intelligent ideas of the origin, life and destination of all things earthly. By the executions of superior minds, aided by the resources of chemistry, a power which, by the old philosophers, could hardly have been imagined, has been generated and applied to almost all the active machinery of life. Even the marvelous results of electricity, which to explain would require a comparison of ancient and modern times, and more space and time than can be spared in this crude sketch, have all been accomplished by education, genius and the resources of chemistry.

Therefore can it be said that I am going beyond the bounds of modesty, when I claim that the member of my profession who has drunk deep at this fountain of knowledge, and mastered the sciences referred to, is qualified to fulfill the duties and obligations of a good and useful citizen to the community in which he may cast his lot, provided, of course, that his moral character is up to the prescribed standard, which is more than likely to be the case, owing to his position, training, and mental culture.

Considering his relation to society and as a citizen, the doctor has always, in all ages, and all countries occupied an advanced position. The highest duty of society or a government is the protection of the lives and health of its component parts.

The physician must stand as the sentinel on the watch tower, to discern the approach of pestilence or epidemic, and give note of warning, while he dons the armor of a soldier to combat the enemy when the conflict is on. It is his duty to analyze the ills and woes to which flesh is heir, and educate the people to protect themselves. While the masses are directed to points of safety, the physician must remain and do battle for the afflicted, watch and note the causes of disease and the effects of medicine, for the benefit of mankind in future distress of a similar kind. If he dies at his post he "falls a blessed martyr, with feet to the foe, and face to the sun."

It is the material of which the good physician is formed that heroes are made. The cares of politics, except so far as they affect life and health, come not to him.

He sometimes engages in other avocations like other men, but added to his business cares come the higher and nobler duties of the physician, which place him over and above men in other walks of life. He smiles over births and predicts bright futures for the little ones who have just made their advent into this world, and sorrows over the deaths which his skill cannot prevent. No sacrifice is considered too great for the physician to make in the interest of humanity.

It is recorded that when the plague raged violently in Marseilles, the panic was so great that the city was deserted, grass grew in the streets, fathers and mothers abandoned their children, all fleeing from the grim destroyer, who were able to do so, except the doctors, who, like Napo-

leon's Old Guard, stood to their posts of duty. Those who had not yet been stricken down assembled in a body for consultation. No new light was thrown upon the subject. The fearful malady was of such a character as to baffle the skill of the physicians. It was finally decided that the opening of a corpse might develop the cause of the disease and, perhaps, suggest a remedy, but that the operation was sure to prove fatal to the one who attempted it. After a moment's pause a celebrated French surgeon, named Guyon, volunteered to attempt the task and thereby sacrifice his life upon the altar of his country.

He made his will, bid farewell to his family and friends and locked himself up in a room with a corpse who had just died. Having completed the operation and noted down carefully every detail of his observations, he left the room, hurried to the hospital, and in a few hours was a dead man. But the second, which imparted valuable information in regard to the fatal disease, was preserved for the benefit of the people of his native city and future generations of the world.

In 1878, when a yellow fever epidemic was sweeping over some of the Southern States, and 60,000 people were in their beds at one time in New Orleans, Dr. Chopin, an eminent physician, made a similar sacrifice for the benefit of his countrymen and children. The disease that year assumed a different form from that of former epidemics, and all the old remedies failed to produce satisfactory results. A meeting of consultation was called, which was attended by Drs. Carter, Berthelot, Stone, Bailey, Greenleaf, Smythe, Chopin, and, in fact, all the physicians who were able to attend. Dr. Chopin had constructed what he called "a yellow fever cot," an invention in which he had great faith, but, being in opposition to all the old and long approved theories of treatment, was not favored by the other physicians. His idea was to place the patient on the cot and administer a drenching shower-bath of ice water. All, except Dr. Chopin, shrank from the idea, claiming that certain and speedy death would result from the experiment.

While arguing the merits of his invention, Dr. Chopin was himself stricken with the disease. He fully realized the situation, knowing that it was heroic treatment, which meant victory or death, but insisted upon taking the chances, and that if the experiment failed, he be made the first and only victim of the new departure.

He said his life was devoted to his profession and humanity, that if he could be instrumental in pointing out dangers or discovering a treatment for the terrible disease, he would willingly make the sacrifice. He was placed on the "cot," the cold bath was administered according to his instructions, which resulted as was expected, in a congestive chill, and death in a very short time.

During epidemics which have ravaged the country sacrifices of this character by physicians have not been uncommon occurrences, and I con-

sider death under such circumstances more glorious than that of the warrior who dies on the battle field.

An eminent writer has truthfully said: "The physician who remains firm in the discharge of his duties, while the fears of his fellow-citizens are prompting them to fly from contagion, displays that moral courage which is as far superior to the physical energy which sustains the soldier in battle as the mind is superior to matter."

The doctor is as a general rule, not only an educated, refined and honorable gentleman, but a public spirited and excellent citizen on general principles.

Immunity.

By A. W. White, M. D., El Paso, Texas.

Written Expressly for this Journal.

The antitoxin treatment of diphtheria and other infective diseases, has by virtue of the fact that its effectiveness is supposed to be due to the immunity which it confers against the ill effects of the specific veins, lent to this subject an added interest. In the light of recent investigations, the theories heretofore advanced in explanation of the immunity from future attacks, which one attack of an infective disease confers, are wholly inadequate. The theory most generally entertained being one that in many respects bears a striking resemblance to the doctrine of "original sin;" implying as it does that there exists in the blood or tissues a fermentable substance, corresponding to each infective disease; that these substances, by their presence, constitute a standing menace to the welfare of the individual, the only escape from which lies in an attack of the disease; that if he is fortunate enough to recover therefrom he will in future be immune to that disease, because all of that particular ferment has been exhausted, and future exposure to the contagion will have no ill effects, and so when he has thus run the gauntlet of all infectious diseases he will stand in about the same relation to those of his fellows who have not had these diseases, that the baptised child does to the unregenerated one, still burdened with its load of original sin.

The most that can be said in favor of the foregoing theory is that it was ingenious, and served at the time it was offered as a sort of sop to satisfy that natural craving which enquiring minds have for some explanation of the hidden things in nature, even though that explanation is only a high sounding figure of speech, a shroud of words which serve as a cover for ignorance.

A second theory which has been advanced is, that the morbid virus produces in the body a material which inhibits its own life. This is a well known law of organic life, and is well illustrated in the growth of the yeast plant, which results in fermentation, and the production of alcohol, by

which the further growth of the fungus is inhibited. This theory based as it is upon observed facts is much more plausible than the former, and evidently it was upon these lines that Koch was working in his advocacy of the tuberculin treatment of phthisis. It is much better fitted, however, to account for the well defined and regular course, both in the order of time and symptoms, which an attack of any of the acute infective diseases runs, than to explain the future immunity which such attack confers, since bearing in mind the object lesson afforded by the growth and final inhibition of the yeast plant, we can readily see how the morbid virus s destroyed by its self-evolved ptomaines, but to suppose that those ptomaines, antagonistic to that specific virus, thenceforth remain in the blood, and so serve to protect the system against future attacks, is, to say the least, rather a severe tax upon our credulity.

A third hypothesis is that the cells of the special part of the body affected by a specific disease acquire, by virture of one attack, an increased vital energy, they become trained, as it were, so as to be able to successfully resist future attacks. The objection to this theory is, that if true, it would imply not immunity, but the power of successful resistance to future attaeks, should such occur.

Taking for granted the inadequacy of any of the foregoing theories to explain the phenomena of immunity, let us enquire whether, in the light of recent investigations, a more rational explanation may not be found. Before proceeding further, one other fallacy needs to be set aside, which is, that there is such a thing as inate immunity. The arguments which have been advanced in its support, such as that the negro race never suffers from yellow fever ; that certain persons are immune to tubeeculosis. or small pox ; and that among primitive peoples certain contagious dis eases are unknown, may be answered *seriatim* as follows :

The immunity of the negro to yellow fever may fairly be attributed to an inherited acquirance, they for many generations having lived in those regions where the disease is indigenous. In the matter of those supposed to be immune to small pox or tuberculosis, they may well be likened to the man who from having passed through many battles unscathed is supposed to bear a charmed life, yet in the last encounter of the war falls a victim to the first gun that is fired. And the fact that primitive races of men are exempt from many infective diseases only proves absence of the contagia, and lends plausibility to the theory that the contagia of these diseases have been slowly evolved from innocuous forms, by conditions which advancing civilization brought about. It is manifest that we cannot hope for a satisfactory answer to the question : in what consists immunity ? until we have at least formed a theory as to the *modus operandi* of the contagia of infective diseases. Nor will it suffice to be content, as so many have been, with a mere statement of the fact that they are due to a specific micro-organism, as for example, that diphtheria is due to the

Klebs-Leffler bacillus, or erysipelas to the streptococcus erysipelatasis. To be able to assert that much positively is, of course, a great step in advance, but it falls far short of affording us that degree or kind of knowledge which will enable us to reason out the problem of immunity.

For the purpose we have in view, we may broadly divide infective diseases into two great classes; those in which the infection is general, in which the micro-organisms which constitute the cause of the disease are taken into the circulation, and generally disseminated, as for instance, malarial fever or small pox; and those in which the micro-organisms have only a local nidus, and do not become generally disseminated, of which class, diphtheria and erysipelas, are types.

The deleterious action of pathogenic microbes upon the body is threefold, first, in their growth and multiplication they abstract from the body and assimilate certain of its essential contituents, albuminous substances, carbodydrates, etc. Second, the nutrition of the tissues suffers when a morbid virus is introduced into the system by reason of the fact that its purveyors, the tencocytes, are diverted from their normal function as carriers of pabulum, and are called upon to exercise instead their phagocytic function in the conflict which is inaugurated in the system when it is invaded by the micro-organisms of disease, and third, the microbes in their growth and multiplication erase certain toxic substances known as ptomaines, which being absorbed produce those symptoms which in their ensemble we characterize as ptomaine intoxication.

The pathogenic effects which arise from the first and second of the three, above enumerated causes, are those which we see manifested in the early stages of the disease, and their intensity is to an extent, at least, dependent upon whether the disease under observation belongs to that class which is characterized by general dissemination of the morbid virus, when they will be more marked, or whether it belongs to that class in which the morbid virus has only a local nidus, in which case they will be of less intensity.

To illustrate, taking small pox as a type of those diseases where there is general dissemination of the *materies morbi*, the symptoms which characterize the first eight days of the disease are those which are attributable to the two first causes enumerated, while those which ensue later, when the secondary fever and maturation occur, are due to ptomaine intoxication, and constitute the critical stage of the disease.

In diphtheria, a disease in which the bacilli have only a local nidus, we have a distinctly marked first stage of the disease, characterized by a well marked symptom group, and terminating with the formation of the exudation, as distinct from the secondary symptoms, which ensue later, as one thing can be from another; and it is note-worthy that in many cases of diphtheria these secondary symptoms never develop, presumably because by active measures the bacilli at the seat of infection are destroyed

before they have had time to generate ptomaines in sufficient quantity, or of a sufficient degree of virulence, to produce those effects which result from their absorption.

It now devolves upon us to state the *modus operandi* of these poisonous ptomaines. Their force is spent upon the nervous centres, upon which they act as powerful functional poisons. and to which they gain access through the blood current; *how* they produce the effects which they do, we will not attempt to explain, but will content ourselves with showing the process by which they are taken up at the seat of genesis, and conveyed to their ultimate goal, where they are brought in contact with those tissue elements upon which they work their mischief. These ptomaines are proteid substances, which, in many respects, resemble the amide group of metabolic products which are formed in the body in the process of retrograde metamorphosis, viz.: glycoein, taurin, creatin, uric acid, etc. They, the ptomaines, are colloidal in character, and the process by which they are taken up by the blood vessels and lymphatics must be that of osmosis, which is the mode of penetration of all dissolved substances, not only in general absorption and the absorption of food, but also in intrinsic absorption, in all acts of nutrition, in the reabsorption of the disintegrated materials of the body itself, and in the various acts of secretion and excretion. Nor does this osmotic process end with their entrance into the blood stream, they doubtless, in a like manner, incorporate themselves in the leucocytes and are so conveyed to the remote recesses of the body. Such being the mode of ingress it will be interesting to note the physical causes and vital influences determining this process. In osmosis the direction of the current is governed by the greater affinity of one fluid for the membrane over that of the second fluid for the same membrane, the current being in the direction of the fluid possessing the greater affinity for the membrane. Once the osmotic process is started its further progress will depend upon the rapidity of the blood current, and the degree of diffusibility of the liquid.

Of all substances colloids possess in the lowest degree the power of osmosis, and diffusion, they are extremely liable to molecular changes, they have but a weak affinity for water, and are easily thrown down from their solution in it. They readily undergo metastasis, passing from a state of solution into a gelatinous or solid condition, either spontaneously or by the slightest contact with extremely minute portions of other substances, thus a solution of silicic acid is gelatinized by a 1.10,000 part of an alkaline or earthy carbonate.

In the animal economy the process of osmosis is interfered with by substances both of animal and vegetable origin, thus morphine, the woovara poison the rabies of dogs, and the poison of small pox, are all said to have this effect. It is retarded by fullness of the capillaries, and consequent slowing of the circulation which ensues, whence an important practical

deduction follows with regard to the treatment of infected wounds or tubercular joints; for if by any means we can bring about a passive congestion in the blood vessels surrounding or supplying the part, the absorption of ptomaines will be greatly diminished, and the evil which their absorption implies will be thus averted. The explanation of which is not far to seek. It is this: The growth and multiplication of the bacilli involves the production of ptomaines which are fatal to the life of the bacilli unless some mode of egress is at hand. their absorption being prevented by the blood stasis, they not only inhibit the further growth of the bacilli but destroy them.

Herein is strikingly illustrated the significance as a conservative measure of the blood stasis which occurs in acute inflammations, the diseased tissues are being poisoned, and their vitality sapped by the ingress, by osmosis, of the products of the morbid virus, as quickly as may be, the energies of the part are directed to bringing about a condition which will inhibit this process, and as we have seen the most effectual means is arrest of the blood current, stasis.

If the position we have assumed is correct, the pathogenic effects of the microbes arising from the two first causes enumerated are comparatively trivial, and the chief harm is from the ptomaines which are evolved and absorbed. Note also that any cause acting to prevent the absorption of the ptomaines, either entirely or in part, will have a two-fold benificence. The damage done by the ptomaines is directly proportionate to the extent to which they are absorbed, and in proportion as their absorption is retarded do they by their retention at the foci of production exert their power of inhibition upon the growth and multiplication of the bacilli, and it follows that if when the bacteria of any infective disease find lodgment in the tissues of an individual, the conditions which they there encounter are such that the ptomaines, as they are evolved, cannot gain access to the blood vessels at all, that the conditions favorable to osmosis do not exist, then that individual is *immune* to that particular disease, and that by virtue of the fact that through changes wrought in the limiting membranes, or in the fluids of the body, osmosis of the ptomaines is absolutely inhibited, and this inhibition implying their retention at the foci of infection, involves the speedy death and destruction of the bacillli, since they cannot long survive in an atmosphere poisoned by their own exhalations; they perish as did the prisoners confined in the black hole at Calcutta. Therein lies immunity; but how has it been induced?

We have noted that the ptomaines are colloids, that they possess a low degree of asmotic power, that they are extremely liable to molecular change, that they have but a weak affinity for water, that they are readily thrown down from their solution, that they readily undergo metastasis, passing into a gelatinous or solid condition, in a word that even the slightest change in either the histogenic structure of the limiting mem-

brane, or in the character or reaction of the fluids of the body may be sufficient to prevent osmosis; thus certain lithæmic conditions render the subjects thereof immune to tuberculosis; how? because an essential condition of osmosis is, that the constitution of the fluids on the opposite sides of the membrane separating them, shall bear a certain relation to each other, in lithæmia the fluids of the body are already full to saturation of colloid subatances, hence there is no osmotic affinity, and endosmosis does not occur.

Again, the inbibition by osmosis of poisonous ptomaines implies damage to the tissues through which they pass, and damage to the leucocytes with which they subsequently come into contact, damage involves repair, and the repair of injuries involves a *scar*, the production of cicatricial tissue, an alteration of intimate structure, which in the future is maintained by the law of "exact assimilation" as laid down by Paget, only modified by that tendency which exists in youth, for the structure of the parts to return to the normal, that is for the scars to wear out as it is called.

The changes thus wrought and maintained, are of such a character as to render the tissues in future impervious by osmosis to ptomaines of the kind by which the change in structure was originally effected, and the tissues that have been so modified if again attacked by that species of bacteria will not afford a suitable nidus for their growth, *will be immune*. The correctness of a theory is to be estimated by the fullness with which it accounts for observed facts and phenomena. Judged by this standard, we submit that, in a manner more reasonable than any hypothesis heretofore offered, the foregoing view of immunity accounts for the phenomena, and that without compelling us to seek refuge in any of the vague assumptions, or mysticisms, which are involved in the views now generally held. But its principal claim to consideration lies in the direction of the legitimate deductions which may be drawn from it, granting its truth.

If it is true, then the effectiveness of the antitoxin treatment of diphtheria is no longer a riddle, it simply consists in the fact that the serum injected so modifies the fluids on the inside of the limiting membrane that the conditions favorable to the osmotic entrance of the ptomaines of the disease into the system no longer exist, and the disease is thus aborted, stifled in its own foul emanations; and if this is the true explanation may we not confidently predict that small pox, scarlatina, measles, the whole list of acute infective diseases, may be aborted in the same way, *i. e.*, by procuring blood serum from a person who is immune and injecting it into the subject of attack?

Nor is that all the promise which it holds out, it gives us ground to hope that in imitation of the barrier which nature thus sets up against second attacks of those diseases which we have had under consideration, the day is not far distant when we will possess the means to arrest *in situ*.

by the institution of a like barrier, the further progress of that more insidious class of infective diseases of which tuberculosis is the general synonym, in other words a remedy which will stand in the relation to tuberculosis that mercury does to syphilis, which is that it so modifies the fluids and solids of the body that the activity of the morbid virus is inhibited, and its life destroyed.

In conclusion, for the speculation in which we have indulged, if speculation it may be called, we find our justification in the words of Max Muller, that: "After an observer has collected his facts and placed them "in order he may legitimately ask what is the origin and what the purpose "of all this? and he may try to soar by means of induction, or sometimes "even of divination, into regions beyond the sphere of the mere collector, "and though in this attempt he is not unlikely to meet with the fate of "Phæton, he may again and again ask for his father's steeds, remembering "that physical science would never have been what it is but for the im-"pulses which it has received from the philosopher, nay, even the poet "and the dreamer."

The Birth of Psychos.

By Jas. Weir, M. D., Owensboro, Ky.

Written for this Journal.

Far back in the past unnumbered thousands of years ago, there came into existence, probably, in that vast plateau of Central Asia bounded on the north by the Altai range, on the east by the Kingkhan, on the south by the Felina and Kuen-Loun, and on the west by the Bolor mountains, a race of creatures descended from a long line of simian ancestors, which, of all the animals of the world, habitually stood erect and used only their feet and legs in walking; these creatures were *Alalii*, the ape-like men of Haeckel[1]. Though a firm believer in polygenesis and the theory that there were, in the beginning, several centres of creation, (especially of man), I have chosen, for cenvenience, to make Central Asia the cradle of the human race.

[2]True *Psychos* had been born thousands of years before the *Alalus* appeared, and in animals exceedingly low in the scale of animal life, for Romanes has clearly demonstrated that reason begins in the higher *Crustacia*[3] while I have seen evidences of conscious determination in animals as low in the scale as *Rhizopoda*, *Coelenterata* and *Echinodermata*[4]. This paper does not deal with true *Psychos*, however, but rather with its æstheticised and idealized offspring—the human soul. Man alone of all mundane creatures arrogates to himself the possession of a soul; therefore, in

1. Haeckel. The Evolution of Man, Vol. II, p. 189.
2. Ce Quatrefages. The Human Species, p. 175.
3. Romanes. Mental Evolution in Animals.
4. The writer. Animai Letusimulants, Atlantic Monthly, p. 427, March, 1894.

this article I shall endeavor to prove that this belief in the existence of the soul is a natural one, and that it was born in the mind of man in a perfectly natural manner.

I do not propose to define the soul and declare it to be only a "cunning arrangement of material particles," with its seat in the brain or elsewhere; nor do I intend to array myself on the side of Plato and declare with him that the soul is a "spiritual substance, an effluence from Godhood, which under certain conditions becomes incarnated in perishable forms of matter[5]." Science deals only with material facts and leaves conjecture and speculation to the metaphysian and the dreamer. The soul may or may not be "an effluence from Godhood—we can neither affirm nor deny, yet we can demonstrate with almost mathematical exactness that the *belief* in the existence of the soul was created by man himself, and that this belief was obtained and formulated through and by purely mental operations which were excited by nothing supernatural or divine.

It is highly probable that neither the *Alalus* nor its immediate descendant, *Homo primogeneous*, had any belief in the existence of a soul. This is a deduction warranted by analogy, and is not conjecture; for it is reasonable to suppose that the psychical development of primitive man was but little above that of his pithecoid ancestor, hence, since (as I shall demonstrate further along in this paper) it takes a rather high degree of intelligent ratiocination to originate an idea of ghost or soul, a creature but little above the anthropoid apes in point of intelligence, would naturally be incapable of formulating a concept of soul. Mankind is old, very old, yet some races are so primitive that they are yet in their psychical infancy, and it is in the customs and beliefs of these primitive folk that I hope to trace out and identify the inception of the belief in the existence of the soul. We must remember that the most cultured races of the world at one period of their existence passed through the same phases of psychical development that we now find *en evidence* in certain savage and barbarous peoples; also, that "all men think, act and deal alike when fed with the same broth."

Primitive man's struggle for existence was so very severe that his limited sagacity was fully occupied in obtaining food and shelter. Many thousands of years must have passed away before he evolved any idea of weapons other than stones and clubs. When he had reached a psychical acuteness that originated traps, spears, bows and arrows, his struggle for existence became easier and he had leisure to notice the various natural phenomena by which he was surrounded. Man evolved a belief in a God long before he arrived at a belief in a soul. He discovered that his welfare was mainly dependent on Nature, consequently he began to propitiate Nature and finally ended by creating a system of theogony founded on

5. Fiske. The Destiny of Man, p. 42.

Nature alone*. Sun, moon and stars; mountain, hill and dale; torrent, waterfall and rill, all became, to him, distinct personalities, powerful beings that might do him great harm or much good. He therefore endeavored to propitiate them. just as a dog endeavors to gain the good-will of man by abjectly crawling towards him on his belly and licking his feet. There was no element of true worship in the propitiatory offerings of primitive man. In the beginning he was essentially a materialist—he became a spiritualist later on.

I have no hesitation in asserting that the dawn of religious belief, material and unethical as it was, had its inception in Nature alone. This is contrary to the views of Spencer, Tyler, and others who regard animism or ghost worship as man's first religion. It requires a high degree of psychical development to evolve an idea of ghost or soul. Man's first religion must have been a material one; he worshipped (propitiated) only that which he could see, or feel, or hear, or smell or touch. His undeveloped psychical being could grasp nothing higher. His limited understanding could not frame an idea involving a spiritual element such as ancestral worship undoubtedly presents. Apropos of the dream birth of the soul, all terrestrial mammals dream, and in some of them, notably the dog and the monkey, an observer can almost predicate the substance of their dreams by watching their actions while they are under dream-influence, yet no animal save man, as far as we know, has ever evolved any idea of ghost or soul. It may be said, on the other hand, that since animals show, unmistakably, that they are, in a measure, fully conscious of the sun's place in the economy of Nature, and, while I am not prepared to state that any element of worship enters into their regard, I yet believe that an infinitesimal increase in the development of their psychical beings would undoubtedly lead some of them to a natural religion such as our pithecoid ancestors practiced. That they will never gain this increased psychical development is a fact beyond dispute; their psychical beings have already reached the *ultima thule* of their development.[6]

Primitive man in the inception of his psychical development probably confounded vigilant consciousness with ganglionic consciousness.[7] Even at this late day the savage says "I saw so and so," instead of saying "I dreamed that I saw so and so." Many of the higher animals associate waking-thought with dream-thought. I have seen my English fox-terrier awaken himself by his violent movements while engaged in a dream-hunt after rats, and rush away to the barn in pursuit of the phantoms created

*"It is an evident historical fact that man first personified natural phenomena, and then made use of these personifications to personify his own inward acts, his psychical ideas and conceptions. This was the necessary process, and external idols were formed before those which were internal and peculiar to himself," Tito Vignoli, Myth and Science, p. 85.

6. The writer. The Boston Investigator, p. 1, July 7, 1894.

7. The writer. The Psychology of Hypnotism, Am. Naturalist, p. 921, Nov., '94.

by his ganglionic consciousness. Again, a boy of four years had been given an elastic catapult and a few pebbles, and had passed an entire afternoon in a garden vainly endeavoring to kill a bird for his father's supper. That night, while asleep, he suddenly gave utterance to a hearty peal of laughter, shouting, "I've killed him, mamma, and we'll have him for papa's supper." He was wide awake when his mother reached his bedside and gave her a minute and detailed account of how he had killed a bird, stating, in conclusion, that he had placed it on the kitchen table. His mother tried to explain the nature of dreams, but her explanation was too difficult for his undeveloped and immature mind to comprehend; he still insisted that he had killed a bird and that his father should have it for supper.

After many years of slow development and progression, the mind, acquiring inherited experiences, became stronger and stronger, and primitive man began to study the phenomena of dreams. His limited intelligence could not interpret these phenomena correctly, yet he arrived at a perfectly natural conclusion, *i. e.*, that his personality was double—that he had a waking *ego* and a sleeping *ego*.

Is it not probable that, at the present time, there exists a race of people which has not formulated an idea of ghost or soul, yet, a century or so ago, there existed many peoples that had not conceived any idea of God, spirit or devil. When Cook touched at Terra del Fuego, he found a people in whom there existed mental habitudes but little above those to be found in the anthropoid apes. They had a dim and visionary concept of the powers of Nature, yet had not advanced far enough in psychical development to evolve any form of natural theogony. Father Junipero Serra declares that when he first established the Mission Dolores, the Ahwashtees, Ohlones, Altahmos, Romanos, Tuolomos and other Californian tribes had no word in their language for God, ghost or devil[8]. The Inca Yupangui informed Balboa that there were many tribes in the interior which had no idea of ghost or soul. [9]Another writer says that the Chirihuanas did not worship anything either in heaven or on earth, and that they had no belief whatever in a future state[10].

Says Herbert Spencer: "Leaving unsettled the question whether there are men in whom dreams have not generated the notion of a double, and the sequent notion that at death the double has gone away, we may hold it as settled that the first traceable conception of a supernatural being is the conception of a ghost[11]." I do not fully agree with Mr. Spencer in this proposition; for, as I have demonstrated elsewhere in this paper, primitive man conceived an idea of natural theogony (sun-god, storm-god etc.,) long before he evolved the concept of ghost or soul; yet, I unhesi-

8. Bancroft The Native Races of the Pacific States of N. America, vol. I, p. 400.
9. Balboa. Histoire de Perou.
10. Garcillasso. The Royal Commentaries of the Incas. (Trans.)
11. Principles of Sociology, Vol. I, p. 281.

tatingly assert that man's first concept of *Psychos*—in its idealized sense, the ghost or soul—must necessarily have originated from dreaming. Primitive man, at the inception of intelligent ratiocination, was unable to explain the phenomena of dreaming. He observed that while asleep he would go on the warpath and meet and slay his enemy ; that he would go into strange and unfamiliar scenes ; that he would destroy terrible, ferocious, and wholly unknown animals. When he began to use his child like and undeveloped reason in explaining these occurrences, he arrived at the most natural conclusion possible, *i. e.*, that he had two personalities —one that remained with him, while the other left his body on occasions and roamed abroad.

Again, he frequently saw his companions struck down by blows from clubs or stones, and, after they had remained prone upon the ground for some time, to all appearances asleep, he saw them arise again and go about their business. What wonder that he confounded the two unconsciousnesses—that produced by sleep and that produced by blows. In both cases he thought that the double had only gone away for a time. And when one of his companions received a terrible wound which killed him—what thought primitive man of this last unconsciousness ? He still confounded it with sleep. That this confusion did exist and does exist now, we have abundant proof. In 1889 an Ishogo negro recently arrived from Africa sang me the following funeral song which may be translated as follows : "Sleep on, beloved, the cattle are in the kraal, and the plantains are plucked for to-morrows feast. Wake thou in the morning when the drums beat, or, if thou wakest not, go thou to Mbateka, the place of the dead." The Bushmen insist that death is only sleep, while the Tasmanians even go so far as to stick a spear in the grave of the dead man "to fight with while he sleeps," as one of them told Bonwick[12]. When a Damara dies his body is sewn up in a bullock's hide and buried ; his comrades then jump to and fro over the grave in order to keep the dead man from rising out of it[13]. When a Tupi dies his relatives tie his limbs tightly with cords, so that he may remain dead and in his grave, and not come out to disturb his friends with unwelcome visits[14].

The higher animals such as the dog, the horse, the cat, etc., are unable to recognize death when it occurs to their fellows until certain *post mortem* changes take place. I do not mean putrefaction by *post mortem* changes ; the keen senses of these animals enable them to recognize death long before putrefaction occurs. The Tobas of the Neilgherry mountains, however, are unable to recognize death until the unmistakable signs of putrefaction set in. They keep their dead, (hoping that their doubles will

12. Bonwick. Daily Life and Origin of the Tasmanians, p. 174.

13. Francis Galton. Narrative of an Explorer in South Africa, p. 190.

14. R. Southy. History of Brazil, Vol. I, p. 248.

return,) until they are forced to bury them[15]. It is not necessary to enumerate further instances of this confounding of sleep and death which exists in the minds of savages. It exists now in a modified degree, but in the mind of primitive man it was absolute. The sleeping man's double left his body and roamed abroad for a time, returning however when he awoke. The dead man's double (according to the belief of primitive man, the dead man was only in a prolonged sleep,) left him for a longer period; it might return at any time, or, if it were offended, it might remain away forever, as well as do an injury to the person offending it. Hence it was to be propitiated by gifts, and reverenced, and worshipped, and made much of.

"That belief in a surviving duplicate is produced among the savage, and is perpetually reproduced among the civilized, is a fact of great significance. Whatever is common to men's minds in all stages, must be deeper down in thought than whatever is peculiar to men's minds in higher stages; and if the later product admits of being reached by modification and expansion of the earlier product, the implication is that it has been so reached[16]." The idea of ghost or soul has been very much modified since its birth; it has become idealized just as the material religion of primitive man has been modified and idealized until it has lost its materialism and has acquired instead, a purely ethical element. That which was, in the beginning, and acquired belief having its origin in the phenomena of dreaming, and of the return of consciousness after syncope, has now, through the law of heredity become an instinct. We believe in the existence of a double or soul because this belief is now part and parcel of our psychical organisms*.

15. Percival. The Land of the Veda, p. 314.

16. Spencer. Princiyles of Sociology, Vol. I, p. 281.

*Several of the references cited in this paper are taken from Spencer's Principles of Sociology; the majority of them, however, are entirely original with the writer.

Clinical Notes on Parasitic and Non-Parasitic Sycosis.

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Written for the Charlotte Medical Journal.

The fungus is frequently found on our domestic animals, and doubtless many cases could be traced to a favorite cat or dog. But the source of contagion on adults is most frequently the scissors, or razor, or brush of the careless barber, and hence the common name "Barbers Itch."

It would seem that there must be a predisposition of some skins toward the spread of the trouble, for not every customer contracts the disease. But be that as it may, in this case the fungus found congenial soil. It made its way into the orifices of the hair follicles, causing first a little scaly red patch or papule, so slight as to pass unnoticed. Then, from the

irritation of the fungus, and from its rapid growth, the skin about the lesion become raised into a noticeable deep seated lump about the hair and the tension, and inflammation produced a slight subjective burning sensation.

You will find that in the majority of cases, as in this, the disease appears first on the chin or neck, rarely originating above the angle of the jaw. From the very beginning you will find the hairs are brittle and pull out of their follicles on the very slightest traction and without appreciable pain. If they are allowed to grow they seldom attain any great length without splitting. Therefore, without treatment, many partially bald spots may develop. The tendency to spread over a circular area is quite marked and, as here, there are usually several patches.

You will make the diagnosis from the presence of these dark red pea like nodules, inflamed, and on the lower portion of the face, and tending to form rings; from the presence of broken or split hairs, and from the ease with which the hairs come out. You can confirm your diagnosis by mounting a hair or some scales in liq. potassa and finding the fungus with the microscope.

The treatment is first to prevent the spread of the trouble, and second to extirpate the fungus. To attain the first the patient must be forbidden to go to a common barber shop, and his face should be covered by a greasy application to prevent the spread of the fungus. Then the hairs on the affected spot should be carefully epilated, as in this way you remove a good deal of fungus and render the application of medicine more effective.

If you see the case in its earliest stage you can try to abort it by the use of bichloride, 1-250 or even stronger, painted on night and morning. In the later stages parasiticides of all kinds have been used with varying success, and you will find that the same treatment is not equally good in all cases. The officinal sulphur ointment does very well, or you can use ung. hydrarg. ammon. or oleat. ung. resorcin, 20 per cent., does well in some cases, as do salicylic acid and ichthyol. A 10 per cent. chrysarobin ointment would be preferable to all others except for its discoloring the skin and endangering the eyes. Pyrogallol 5-10 per cent. in ointment, and hydro-naphthol in solution, or in plaster, of about 10-20 per cent. strength, have many advocates.

The books contain other remedies and favorite prescriptions, whose number is legion, but you will find you can do more with a poor remedy on an intelligent patient than with the best on an ignorant one.

Now let us examine together this case of sycosis, and notice the marks which distinguish it from the case we have just left. First let us notice the location of the lesion. You see it is confined almost entirely to the upper lip and upper part of the cheek, and you will find this a very common location. Also notice that it is not confined to a small area as

was the ring worm, nor is it so regular in its shape. Then you notice that there are no nodules of localized inflammation, but that the original lesion was like this small papule, and later developed into a pustule like this pierced in the centre by a single hair. Notice too that the hair in the pustule comes out very readily, and is followed by a slight discharge, but that before the papule becomes a pustule the hair comes out with difficulty and causes much pain. Also, you see no tendency of the hair to break or split, which were marked features in the preceding case.

This disease though commonly called Barbers Itch, is entirely different from the other in its cause and treatment. In it, search as you may, you will find no fungus, and, therefore, it is not contagious. It consists in a chronic inflammation of the hair follicles, manifesting itself first, in a crop of inflamed papules, which later develop into pustules. In most cases there is more or less crusting, which here has been removed by treatment, and occasionally the process is so violent that abscesses result. The patient also complains more of burning and itching than in ringworm cases.

The cause of the disease is the subject of some dispute. Sometimes when the upper lip is involved it can be traced to irritation by the discharge of a chronic catarrh. Other causes seem to be dependent on dirt, cosmetics, exposure, previous eczemas, or shaving with a dull razor.

An interesting theory, and one which I have seen borne out in a few cases, is that the size of the hair is out of proportion to the strength of the follicle, and constant motion of the hair caused the folliculitis. But in all cases you can make out a general predisposing cause. The patient may be anæmic, or dyspeptic, or in general poor health. In trechophytosis, where the cause was localized, local treatment was all that was required, but in sycosis the patient's whole condition must be studied. If he have catarrh, you will hardly relieve his skin trouble till you have successfully treated his nose. He must avoid exposure to dust and smoke, or irritants of any kind. His digestion must be carefully looked after. He may need iron and strychnine, or dilute acids, to supplement a defective gastric secretion. Some cases do very well on small doses of resorcin, gr. v t.i.d. In others the liver seems inactive and they seem to require small doses of calomel.

In cases like this, where the disease is not of long duration, and the process seems to be very acute and accompanied by considerable pain, we can do much to relieve it by local treatment. The hair must be pulled from the pustules as fast as they form, and the patient must keep clean shaven. The pain will be greatly relieved by the frequent use of hot water, or an ointment of some kind. Oxide of zinc does very well. Tassar salve, the formula of which you know, does even better.

In more chronic cases stimulating and antiseptic applications are in

order. A 10 per cent. resorcin ointment is a good one. One of the best applications is as follows:

℞ Acid Salicylic..... gr. xv.
Zinc Oxid.....
Zinc Carb.....a a..... ℥i.
Ung. Aq. Rosae..... .....a d..... ℥i.
M. Sig. Apply on cloth at night.

The shaving and treatment, both general and local, must be continued months after an apparent cure, because relapses are very frequent.

139 East 28th St.

Phlegmasia Dolens.

By J. Houston Ball, M. D., Ph.G., Wayland, Texas.

Written expressly for this Journal.

On July 10th, I was called to see Mrs. B., and found her suffering with severe pain in the left thigh and groin, which pain radiated down the leg and up into the back. Her temperature was slightly above normal, and my first impression was that I had to deal with sciatica, as there was no swelling at the time to call my attention to the true nature of the disease.

The patient had been confined about two weeks previous in a perfectly natural labor. from which she was convalescing as nicely as could be expected, with no untoward symptoms save a cessation of the discharge rather prematurely. This, however, excited no alarm until the severe pain referred to had prostrated the patient. I will not weary the readers with any long, detailed clinical history of the case, as it ran the usual course of the disease. I will, therefore, only revert to such symptoms as are, in a general way, related to comments I am about to make in the etiology, pathology, and treatment of the disease.

Phlegmasia Dolens, properly speaking, according to the best authors, is a general blood dyscrasia, with local manifestations, and not a local disease *per se*. True, it is the local manifestation of pain, swelling, etc., that first attracts our attention and calls for treatment, but later on the true manifestation of the blood disorder is manifested in the influence upon the circulation, secretions, mind, etc. Some of the first symptoms we notice in the formation of the thrombi in the peripheral venous system are severe pain in some part of the limb about to be affected, and, strange to say, this is oftener noticed in the hip or groin, when the clot or swelling usually begins in the lower part of the leg, extending upwards. The swelling usually follows the pain in about twenty-four or thirty-six hours, according to the severity of the case. This swelling is wanting in one of the usual characteristics, viz.: redness, hence its name—"white swelling." The inflammation runs its course in less dense structures, known as the areolar or cellular tissue. The exudation lies within the large lymph cells

or spaces, and the cause of the disease is therefore believed by some to depend as much upon the morbid changes in the lymphatics as in the veins. The limb becomes enormously swollen. It does not, however, pit upon pressure, but is hard and brawny, with white, shiny appearance. This condition often lasts for months after the patient is apparently well of all the constitutional symptoms. The popliteal and femoral veins are soon obstructed with clots that roll under the finger, becoming very painful and tender, but these do not necessarily break down and form matter. Simple obstruction to the veins, as stated before, will not account for the severe neuralgia pains. The continuous numbness and hyperæsthesia denote that more tissue than the veins are involved in this morbid process. It would seem that the lymphatics had taken up portions of the *matires morbi*, these becoming obstructed prevent their functions of absorbing the effused serum, as in other inflammations. It is owing to this condition of the lymphatics that the limb remains swollen for months after the other symptoms have apparently abated.

A normal thrombus *per se* would be harmless. They are often formed and create no disturbance, but undergo an organization into a connective tissue cord, as occasionally a channel is formed through one of them and the blood is permitted to pass through as though nothing had occluded the vein. A thrombus, therefore, is not necessarily dangerous unless acted upon either by pus or other septic material, then it rapidly undergoes disintegration and may be swept from its place of lodgment on into the general circulation, until arrested in the ramifications of some of the small blood vessels, either in the lungs, liver, spleen or kidneys, when, as a rule, inflammation follows, as may also an abscess of a very serious nature. If the tissues in or near the uterus are infiltrated with septic material, inflammation in the veins that traverse them is naturally to be expected. The inner coating of the vein, becoming inflamed and roughened, a thrombus is produced at once. These thrombi grow by accretion in the direction of the heart; they are more often found in the internal spermatic, common illiac, and hypogastric veins, and some have been traced to the actual placental site. Such being the case may it not account for the slow degree of poisoning manifested in this disease? In all other blood poisons we may have two or three exacerbations daily with a temperature ranging from 102 degrees to 106 F., and even 107 degrees in one case I attended. It has consequently occurred to me that the entrance of the septic poison from the womb might be occluded by the thrombi, and the homœopathic dose of the poison let into the system was the explanation of the low range of temperature in phlegmasia dolens. The temperature rarely rises above 102° in phlegmasia dolens.

Bantilland pointed out, as early as 1823, the phlebitic theory of this malady. He originated the term cruval phlebitis, instead of plegmasia dolens. The first impression was that the inflammation first set up in the

uterine branches of the hypogastric vein, and extended down to the femoral and poplitial veins. This inflammatory theory, as the only cause of the disease, received a severe blow when it was promulgated that although thrombi were almost always present in phlegmasia dolens, the inflammation was a result and not the cause of the coagulum.

Dr. Tilbury Fox mentions that the coagula in the veins is an essential part of the disease, though not alone the cause of the symptoms. He says the thrombi are formed by extrinsic causes, such as pressure from tumors and the like upon the veins, and second, or more important, by intrinsic causes.

First. As inflammatory changes where the endothelium undergoes poliferation.

Second. Simple thrombus due to absorption of abnormal fluids into the circulation.

Third. The action of the veins and thrombi combined, setting on foot the morbid changes which result in the peculiar inflammation. The same septic matter, in the puerperal state affects the veins, likewise involves the lymphatics and nervous systems, giving rise, in the one instance, to the peculiar variety of inflammations, and, in the other, to the severe neuralgic pain, in which the nerves are crying out against the impurities with which they are being fed, and the mind made to wander into unknown realms, nearly akin to delirium tremens.

There is no doubt about the septic nature of the trouble, but it is not always dependent upon the peculiar poison belonging to the puerperal state, in proof of which we cite cases following cancerous affections of the womb. The poison in the other cases seems to be ponderable, being carried about by the physician himself, as Dr. Tyler Smith reports an instance of a physician who was attending a case of erysipelatous sore throat, and was the means of conveying the poison to three women whom he chanced to confine the same day, all of whom suffered from attacks of phlegmasia dolens.

Other points could be enumerated bearing on the proof of its septic origin, but the foregoing are deemed sufficient to prove the septic origin of the disease. Nature has considerable work to do to relieve the banked up blood, dependent on the coagula in the veins. These changes all tend to the ultimate absorption of the thrombi. Various authors have contended that the coagula becomes organized; others that they degenerate into pus and are thrown off by the excretory organs of the body. They are sometimes detached, float freely in the blood current, causing alarming symptoms, both in respiration and circulation. Metastatic abscesses are liable to form from their lodgment in either the liver, spleen, or lungs, but emboli are rarely detached unless age has rendered them soft and brittle, in which condition they are not so apt to produce heart clot or abscess in the internal organs.

Treatment,—No class of cases with which we have to deal, gives us so much concern as cases in the puerperal state. Not only sympathy for the mother, but care for the new born babe enter into consideration of the truly conscientious physician. Fortunately phlegmasia dolens is not a very common or fatal complaint. My experience reaching over about two hundred patients in the City Hospital of Memphis, and the usual number of confinements incident to five years of private practice, embrace only seven cases. My sincere desire is that in the future their absence may be only the more conspicuous

The treatment may properly be divided into the following heads, viz.: Relief of pain, promoting excretion and absorption. Constitutional after treatment, supporting measures and local applications. The disease can hardly be classed as self-limited, though I believe the physician who attempts to cut it short by heroic measures commits a great blunder. About all we can do is to relieve pain and meet other prominent symptoms as they arise. It is best usually to begin the treatment with a mercurial purge, enjoin perfect rest, and wait for nature to complete the cure. We must, however, relieve pain, and, in order to do this, local measures, such as heat and moisture, are very efficient, as poultices enveloping the limb to keep down the tension.

Warm, dry applications seems effective at timee. The efficiency of these applications is often auxilerated by adding belladonna, chloroform, liniment, or perhaps cocaine might be of service in this way. Cotton batting applied to the entire limb is of some service. This keeps the limb at an even temperature and the gradual pressure may aid in the absorption of the clot, and, to some extent, keep down the swelling. More real good is to be accomplished by strong tincture of iodine, applied often to the entire inflamed leg, than to any other local measure. It contracts and reduces the skin surface and at the same time acts constitutionally, preventing the septic process from running so far; also promotes the absorption of the effused fluid. Blisters were looked upon by old practitioners as a sort of specific, but I can hardly see the rationale of this treatment; the pains are so erratic that a blister would hardly have time to draw before the pain would change its base. Leeching and cupping are equally uncalled for, as the patient has usually been depleted enough by either actual loss of blood or exhausting discharges which follow labor.

Added to the relief afforded by the above mentioned remedies, we have to resort to other and faithful allies. I have obtained splendid results from equal parts of syrup morphia and bromidine in teaspoonful doses every hour or two, or, if a pill is preferred, there is none better than one containing a grain of opium and one-fourth grain of ext. belladonna, repeated every two hours until we get the effect of the drug. If the opium causes constipation, or any idiosyncracy existed, precluding its use, fifteen grains each of chloral hydrate and bromide of potash acts well. Large

doses of Dover's powder at bed time are often tolerated well. We can constantly change from one to another of these anodyne mixtures as occasion requires, but our sheet anchor for immediate relief to pain is the hypodermic injection of morphia and atropia. This always gives not only instantaneous relief, but tone and volume to the pulse.

The constitutional treatment cannot be the same for every case, as all patients are not attacked in similar circumstances, hence the treatment must vary in different cases. Perfect rest should be enjoined upon the patient, and as much nourishing food as possible should be taken, such as egg-nog, milk punch, beef tea, and the like. The disease is attended with depressant spells which should be relieved by the exhibition of ammonia carbonate, tinct. digitalis and brandy in the usual doses.

If we are correct in looking upon this disease as a blood discrasia, then remedies looking to the building up of this impoverished blood would be the correct line of procedure. The hypophosphites, iron, strychnine and chlorate of potash, Fowler's solution of arsenic in the usual dose, cod liver oil, quinine, the latter to control the fever as well as for its antiseptic effect. All these agents are indicated under different circumstances which may arise. Change of air, scenery, water, diet are all indicated during convalescence, which is always protracted. Our patients should be ap prised of this fact early, and the prospect of a month or two on crutches ought to be explained to them, as it takes time and exercise for the limb to regain its lost vigor.

There is no class of cases in which good judgment comes into play oftener than in phlegmasia dolens. It is a protracted illness in which life and death hangs in the balance for weeks at the time. In severer cases reason is dethroned and all aid from the patient to hasten the recovery are necessarily absent. In conducting these cases to a successful termination, your patience will be taxed to the utmost tension.

If from these randum, hurriedly compiled thoughts any reader is enlightened, or any unfortunate patient relieved, the motive which prompted this contribution will have been accomplished.

Hermetically Sealing Wounds.

By C. A. Rice, of Greenville, Miss.

Written expressly for this Journal.

In the rush, and with the rapid strides in the profession of medicine, every one is expecting and looking for something new, some improvement which will banish the teachings of yesterday, and inaugurate a ready method, or short cut to the relief of disease, or injuries.

While I think the real advances in medicine should be hailed with delight and adopted, yet we should make a careful investigation, and be

convinced, before accepting the *ipse dixits* of any one however great may be his name or fame.

Dealing, as we are, with vital tissues, governed by physiological laws, we should never lose sight of the reparative powers of the animal economy, and learn from nature immutable truths.

We well know that it does not exist within the power of any surgeon to encyst a leaden ball, yet nature knows the way. But for the inherent power of contraction of the inner coat of an artery, hemorrhage could not be arrested without the use of the ligatures, and even with that we are compelled to wait for lymphization of a vital plug to relieve the severance of its shaft. The surgeon has to let nature finish his operation. These are vital actions that we so well understand that we accept them as a matter of course.

That the pressure of atmospheric air is destructive to all subcutaneous tissues is as apparent in vegetable as it is in animal life, and pronounced by an allwise Creator in enveloping all animals with a skin or other covering.

In a bruise, even though there be extravisation, we simply prescribe a liniment or local application as a placebo, knowing well that nature will repair the injury. Ample experience and observation has taught us that 'tis best to not open and expose it to atmospheric influence.

Some wise philosopher has said "that nature abhors a vacuum." It surely does a solution of continuity in the integuments and in sheet cavities.

There are but few operative procedures, in my opinion, where the drainage tube should be used, or openings left for drainage. The presence of atmospheric air is the destructive agent. Without inquiring what it contains, 'tis our duty to shut it out.

Leister taught us that the carbolic spray was the culmination of Antiseptic surgery, and the surest insecticide, and would prevent supuration, and promote an immediate reparative process. Upon his theory of killing *the bugs* he gained the reputation as the originator of antiseptic surgery. Though, but a few years later, we find in our standard works on surgery that "carbolized gauze" has passed out of use, the sanitarian has long since discarded it as either a deoderizer or disinfectant, and yet this was the agent upon which antisepsis was built.

I am not attempting an onslaught upon antiseptic surgery, for I do bring to my aid everything that pertains to the most scrupulous cleanliness; but I am trying to impress the profession with the fact that exclusion of air from all wounds, is the most important procedure on the part of the surgeon. That accomplished, the antiseptic treatment is assured.

In amputations, exsections, resections, and indeed in all surgical procedures I never fail to perfectly coaptate the edges of the wounds, or cut,

and to cover them so perfectly that all air is excluded. I leave no dependent places for drainage, nor do I use the much abused drainage tube, except in the rarest cases. I am cautious to cleanse the wound well of clots, clothing, dirt, shattered bone, or any offending particles, before closing the wound.

I have found that balls penetrating the tissues for many inches, would in a very short time, say twenty-four or forty-eight hours, be so closely healed that the passage of a probe over one or two inches would be impossible, and that throughout this collapsed tract where the air was excluded, molecular disintegration of the injured particles, with the absorption of these molecules, and the wound would heal, in that portion of the ball's track, without any supuration whatever, and with but little soreness or apparent inflammation.

This induced me to treat gunshot wounds by making an eliptical incision around the ball hole of entrance and exit, going well outside of the point of stasis of circulation, and closing the wounds with sutures, preferably silver wire, if not then silk, or silver pins with figure eight wrapping. After treating hundreds of gunshot wounds in this way I was convinced, from the rapidity of the cures, and the absence of supuration, gangrene, erysipelas and phragedæna, that it was the only rational method of treatment. In all these cases I closed the wound against the presence of atmospheric air, hermetically sealing them.

In the treatment of gunshot wounds of the chest, I never failed to make the eliptical incision, and close hermetically the wounds both of entrance and exit. While I have no data by which to give the per centage of recoveries, I can state in general terms that under this procedure, or treatment, the recoveries were far greater than any other. It is a procedure that I do not think any surgeon is justified in omitting. The stasis of circulation, and infarctus of vessels, and air tubes, with clot, prevents the atmospheric air from coming in contact with the tract of the ball in the lung tissure, nature doing the sealing of the wound in the lung.

Parental Responsibility,

By H. Michener, M. D., Halsey, Oregon.

Written Expressly for this Journal.

There are but few persone who do not look forward to the time when they will become, and, in their anticipation, happy parents.

Parental desire is inborn and one lacking that quality is, to that extent, a defective man or woman. Our imagination can present to us no happier picture than that of an ideal home, surrounded by one's off-spring —fruits of a perfect love. Yet to every one who has approached maturity and contemplated matrimony with the responsibilities of parentage con-

nected therewith. there should arise the question, am I fit to assume the highest and noblest office to which mankind may aspire—that of becoming a parent?

This should not be answered by one's desires or passions, nor by one's position in society, or possessions, but by that which one can bequeath to futurity. Wealth, position, and education, while desirable inheritances, are open to the acquisition of all, irrespective of parentage. But the question should be, can I bequeath to my off-spring a good moral, mental and physical constitution, which are their inherent rights?

If I cannot then am I responsible not only to my immediate off-spring, but to their descendants, for the incapacities which may be visited upon them as a result of my unfitness for becoming a parent.

No one has the moral right to inflict his incapacities or infirmities upon others. None have the moral right, although they may have the *legal* privilege, to become parents unless they are approximately perfect animals. Like ever produces like.

Figs do not grow on thistles, nor can thistles be made to produce figs be they ever so well cultivated. While it is true that "like produces like," yet by cultivation a more perfect product may be obtained. Without cultivation the tendency is toward degeneration. This is true of the vegetable kingdom and it is just as true of the animal kingdom. This law is recognized by all stockmen who aim to breed from the most perfect specimens among their animals. The horseman who should breed a blooded mare to a "scrub" stallion with the expectation of getting a superior colt would be looked upon with derision. Neither would a stockman breed his mare to a blooded stallion if the stallion showed constitutional vices.

The laws of heredity and of evolution are closely studied by breeders of all fine stock. Their aim is to combine as many points of excellencies and eliminate as many imperfections in breeding as is possible.

It is well known that the stronger element in breeding will predominate in the result. This stronger element may be for superiority or for the reverse.

If an inferior animal be bred to a superior one an off-spring better than the superior parent could not be expected, but there should be an improvement over the inferior one. This would result provided that the superior parent came from a line of ancestors strong in the elements of superiority, otherwise the inferiority of the one parent would overcome the excellencies of the other, the inferiority of the one constituting the stronger element.

No observing persons will dispute the facts learned in the breeding of the lower animals, yet the majority will leave the breeding of man to the elements of chance. No attention is paid to the laws of heredity and

of evolution. The rights of posterity are not consulted, but that of a blind gratification of the passions, with a trust that the Lord will order all things however His laws may be violated.

By heredity is meant the inheritance or transmission of certain qualities or tendencies; these may be either normal or morbid.

By evolution is meant that development of an individual, organ, or part as modified or influenced by its environments.

Heredity may be classified as physiological and psychological; these may be either normal or morbid.

As to the laws governing heredity, or the development of germ cells, whereby not only the racial peculiarities of the parents but tricks of gait, expression, voice, physical and psychical variations are transmitted, but little is known. All theories that have been advanced have rested on hypotheses. We simply know that under similar conditions "like begets like."

If we hold a pessimistic view of the tendency of our race should we not endeavor to ascertain the cause of our deterioration or non-advancement, and if the cause be found to be the hereditary transmission of vicious tendencies arising from careless breeding should we not endeavor to impress upon the minds of the people a closer study of the question, and the application of the principles deduced therefrom, to the improvement of our species?

If on the other hand we are optimistic are we excused by that fact from investigation? Nay, rather should we put forth greater efforts toward hastening that day of "all good and of all perfection."

Now if we look at the morbid element of the physical and psychical divisions of heredity we cannot help being impressed with the importance of our responsibilities as parents.

We understand by morbid physiological heredity the transmission of disease, or the tendency toward disease, to the off-spring; examples of such transmission are furnished by the numerous diseases classified as neurotic and constitutional. Under the former I would mention *insanity*, and when we look at the number of our insane, which, in spite of our model institutions for their cure and our improved methods of treatment, we find the number constantly increasing in an alarming ratio, we are simply appalled. What is the cause? Environments and conditions surrounding the patient will not account for all.

Insanity as a disease *per se*, I believe, is always hereditary. I do not mean that if the child is insane that one of the parents was insane, but I do mean that in some of the patient's ancestors there was a neurotic element that manifested itself in insanity of the child. That neurotic element may have been intemperance, hypochondriaism, debauchery, etc.

There are cases of insanity produced by traumatism, delirium of fevers

or by pathological changes effected by disease, *e, g.*, loss of mind by brain injuries, tumors or morbid growths within or pressing upon the brain substance, but such cases are results of disease and not the disease itself.

If we look at the constitutional diseases we find scrofula, and its first cousin, consumption, syphilis, rheumatism, etc., as examples of transmissible pathological conditions. At the clinics in our large cities, medical students are impressed with the number presenting themselves for treatment showing a scrofulous diathesis—the transmission of which, and its impressment upon the children being aided by bad hygienic surroundings, over-crowded tenements, etc.

It is not to be understood that the disease itself is transmitted, although in syphilis and consumption it may be, and possibly, in the others, but that there is a *predisposition* toward the development of the disease. And here I will add that without this predisposition, and without a local cause of infiammation, the bacilli of such diseases are harmless.

As shown by Darwin, Spencer, and others, acquired habits or peculiarities may be transmitted, and may become factors in our development.

Without adducing examples illustrative of the foregoing, we will look at Morbid Psychological Heredity. It is admitted by all observing students of sociology that crime is on the increase. Our jails are crowded, penitentiaries over-filled, and reformatories taxed to their limit. Certainty of punishment has no deterring effect upon those viciously inclined. At times crimes of similar character apparently become epidemic regardless of punishment. For example, we may take the numerous cases of rape perpetrated by the negro of the South, and the invariable lynching which follows, sometimes with barbaric cruelty, as burning alive of one in Texas a few years ago, yet this certainty of death does not deter the rapist from committing his crime. Neither do our criminals reform. Our reformatories are only so in name. A person possessing a psychological tendency toward crime is not reformable. "Once a thief, always a thief," is a true maxim.

There are apparent exceptions to the above, but upon examination it will be found that the supposed exceptions do not possess this psychological tendency. A man may be hungry and steal bread to allay his hunger, and according to law he is a thief, yet it is his necessity and not his inclination that compelled the theft. Remove the necessity, and the theft is not repeated. But where the psychological impulse exists the thieving continues regardless of necessity. Moreover the tendency toward crime is transmitted to the off-spring, and can only be eradicated by such environments and control that the forces of evolution may supervene.

We of the West recognize the fact of non-reformation of thieves by hanging a man who steals a horse or cow, and letting a murderer go free. Not that a life is less valuable than a horse or cow, but that a man usually

kills under provocation, or excitement, and is ordinarily not apt to repeat the act, while the man who steals the horse is apt to take a horse whenever the opportunity presents, the impulse apparently being irresistible.

Now as the morbid tendencies, both physical and psychical, are transmitted to the off-spring, the question arises how are they to be combatted? This brings us to the consideration of evolution. If an individual, organ, or part, is influenced or modified in its development by its environments, suiting the object to its surroundings, then an employment of the forces of evolution under congenial environments will tend to lift man to a higher plane. And as the modifications accumulate they become organic and new modifications in successive generations become possible. Thus heredity in evolution becomes a creative power. To utilize this power is a duty resting upon society as a whole; for if an individual be placed where his environments are such as will tend to the betterment of his physical and moral natures, his power for disease and crime is lessened. And what is true of the individual is also true of society as a whole: A benefit or an injury to an individual member reacts upon the whole.

Society owes it to itself to take control of this matter and make its conditions and environments such that the crime and disease-breeding elements be eliminated. There should be uniform laws preventing the intermarriage of those suffering from neurotic and constitutional diseases which are shown to be transmissible. Also the intermarriage of criminals, such as murderers, thieves, prostitutes, etc., and as these classes breed without regarding the sanctity of the marriage relation, castration should be added as a penalty for crime.

Also there should be an examining board, preferably of physicians, before whom all applicants for marriage should appear, and such applicants should be rigorously examined, not only as to their own condition, but as to their ancestral history, and if found unfit physically or psychically for parenthood, permission to marry should be withheld.

But until this question is thoroughly agitated, and society impressed with the fact that the physical and mental qualities, crime and morality, vice and virtue, disease and health, are not only transmissible, but that hereditary diseases may be effectually prevented in the human race, not until then may we hope to see such laws on our statute books.

Until then it is our duty to impress upon the person contemplating matrimony to cast aside individual passions and desires and ask him or herself the question, can I bequeath to my posterity good physical and psychical constitutions? If this cannot be answered affirmatively, the individual should refrain from becoming a parent.

Parents often mourn the imbecility, crime, or waywardness of their off-spring, but such are the legitimate results of a physically or psychically "incestuous marriage."

When marriages already exist, wherein the union is incompatible with the best results, the parties should be apprised of certain and harmless methods or contra-septics whereby they may avoid the procreation of diseased or viscious children.

In closing I would say that the science of breeding, as a preventive of crime, is a sociological question, but as a preventive of disease it is a question demanding investigation by physicians.

Given good parentage, with proper crossing and congenial environments, and who could foretell the wonderful possibilities of our race.

One phase of the question, that of the condition of the parents at the time of conception, as influencing the conceptive product, I will not discuss, as my paper has grown too long already.

Reflex Motory Action.

By J. A. Reagan, M. D., Weaverville, N. C.

Written for the Charlotte Medical Journal.

When I was attending medical lectures, one of the professors used the above expression so frequently in illustrating the reflex action in diseases, that we gave him the name of Reflex Motory Action. It was a common expression among us when his time to lecture came to say "boys old Reflex Motory Action is to lecture next. We treated it rather as a joke then, but when I entered into regular practice I frequently found a need for studying the cause and location of diseases, and not infrequently found the cause at a distance from the location complained off. I will give a few cases that will illustrate my subject.

Miss W., a very robust, healthy young woman, was suffering excruciating pain in the hip. I heard her crying some hundred yards before I reached the house. When I entered she said, "O, doctor, my pain is unbearable, my hip is killing me, it must be dislocated." I examined her carefully, putting her feet together, her legs were of equal length, her foot not turned either way, so I told her there was no dislocation. I set down, let my mind run over the anatomy of the part, including the nerves running to that location, and decided in my mind that there was nothing the matter with her hip, but that it was a case of spinal irritation. I made pressure along the spinal column, and soon struck the tender spot. She hollowed as if I had stuck a knife to the bone She being full of blood I bled her freely, scarified and cupped her over the tender part, gave her a cathartic, and she was well next day. If I had directed my treatment to the part complained of I can not say what the result would have been, except a complete failure.

I was called at another time to see a Mrs. G. She complained of loss of energy, no appetite, constipation, and nervousness. I put her under

treatment, but she did not improve. Dr. Cain, formerly of Charleston, S. C., came to pay me a visit, and while he was in my office Mrs. G. came in. I told the doctor her condition and the treatment, and requested him to examine her. He did so, and after a thorough examination he turned to me and said, "Doctor, I can find nothing the matter with her except what you have told me, and I know of no better treatment than you are giving her. I should continue it." With his endorsement I continued the treatment and she gradually grew worse. I then told her that I believed her trouble came from her womb. She said she has some pain there. but had failed to tell me. I examined her womb and found an ulcer on the os about the size of a quarter of a dollar, which seemed to be getting deeper. I directed my treatment to that organ, and when it was well she was entirely cured, and has been in excellent health ever since. This was some twenty years ago, and I know of no woman of her age—in the sixties—who has better health than she has.

Another case of a different kind, I was sent for to see a lady some twenty years of age, married and the mother of one child. She would take paroxisms of coughing—cough until thoroughly exhausted, and sink down, and they would have to use camphor. or aqua ammonia to revive her. I examined her lungs and heart with a stethoscope, examined her throat to see if the uvula was not elongated so as to produce this tickling cough. I could find nothing wrong any where in the chest or throat. I then told her I wished to examine her womb. I did so and found the os excoriated and angry in appearance. I applied the treatment to that organ, and when I got it well, her cough was cured. I gave her nothing for her cough. She has remained free from a cough ever since. I could give other cases, but must acknowledge that old Reflex Motory Action has been of great advantage to me in my practice in causing me to seek more closely for the cause of disease.

I remember when the medical society met in Elizabeth City some years ago that there was a case reported at that meeting of a gentleman who had paroxisms of coughing which completely exhausted him worse than a spell of whooping cough. All the cough mixtures in materia medica had been tried in vain—nothing relieved him. He felt something wrong in one of his ears, and the doctor made an effort to examine it, but every time the instrument touched the ear it brought on a paroxism of coughing. He even took a small silver probe with a very little cotton wool wound around it, but that had the same effect. He chloroformed him, examined the ear, and found it ulcerated. He applied his treatment to the ear, and when it was well his cough was cured.

I am more and more of the opinion, as I grow older, that we should be very careful to seek for the cause of all obscure diseases, even if we have to seek it at a distance from the location complained of. In this way

we may be able to cure cases that might linger for years. and then die without the cause being understood.

I have imperfectly sketched these cases, hoping that they may benefit some young M. D., even if the older ones of the profession are not profited.

Diagnosis of Diphtheria.

By M. Dwight Jennings, M. D., Professor of Laryngology and Bacteriology in the St. Louis College of Physicians and Surgeons.

Written expressly for this Journal.

To be able to give a correct diagnosis in cases of membranous sore throat is not so easy a task as it would at first seem.

Diphtheria is an infectious disease due to the specific action of the (Klebs-Lœffler) bacillus. The importance of an early and positive diagnosis cannot be over-estimated. We will not be able to estimate the value of our treatment, whatever it may be, if we are not clear as to our diagnosis. In epidemics, where diphtheria is prevailing, the diagnosis will be confirmed by the sequence, paralysis, death, etc., of your patients, and requires no further proof. But in isolated cases, which occur in the practice of all most every physician, it is impossible for him, or any one else, to determine the real cause of the disease without the aid of the microscope.

The world is now watching the treatment of diphtheria with the immunized serum, an antitoxine. We should know what form of membranous sore throat we are treating before we come out with statistics showing a decrease in the percentage of mortality of those cases of diphtheria treated with antitoxine.

We do know that these forms of inflammation of the tonsils, pharynx, and upper air passages characterized by a membranous exudation are due to the microbic infection of a number of entirely different organisms. These membranes are caused by the various organisms, bacilli and cocci, macroscopically are identical. When we examine these organisms carefully with the microscope we find that there is a great difference in them. Some membranes are caused by cocci, strepto-cocci, staphylo-cocci, or bacilli.

Diphtherla and pseudo-diphtheria being the terms used to designate the different forms of inflammation. Diphtheria being caused by the (Klebs-Lœffler) bacillus. Pseudo-diphtheria being the form which is due to cocci, staphylo-coccus and strepto-coccus.

There are a number of things to be considered in the study of this dreadful disease, the most important being the infectious nature of the germs, the virulence, poisonous products of the bacilli, and the immunity of the patient, These are subjects which would take too much time and space to discuss in this paper.

We have noticed a great degree of difference in the infection of diphtheria due most probably to the degree of virulence of the bacilli. This peculia feature of the disease is seen in certain localities, and will vary in degree in the same epidemic, sometimes taking whole families in its sweep. then becoming mild and few malignant cases seen. Whether diphtheria is endemic or epidemic there will occur mild cases as well as malignant ones. By mild cases I mean such cases as where the membranes were confined to small areas of the pharynx, tonsil, or uvula, and where no complication of the nasal cavities or larynx existed Mild cases are those in which but little albumen is noticeable in the urine, or where no pulmonary or marked nephretic lesions occur. By malignant cases is understood those cases in which there is distinct evidence of sepsis, showing great depression, weak, rapid pulse; a low or very high temperature, where cervical glands are considerably enlarged and tender, and where at times the skin shows, in addition to cold clammy perspiration, a decided acteric appearance, where there was also a foul mouth, a distinct cadaveric breath and where a grave prognosis is assured. Such cases show not only tonsils, uvula and pharynx involved, but there are frequently marked stenosis of the larynx and implication of the nasal cavities.

From my experience, which coincides with the investigation of others, we find the mortality running very high, from 35 per cent. to 40 per cent. in those cases in which the (Klebs-Lœffler) bacillus predominate, with a great liability to paralysis of varying degree, nephretis and other sequelæ. While in pseudo-diphtheria nearly every case recovers without a sequelæ. The exceptions being where you have stenosis of the larynx, when the membrane is formed by the cocci. In these cases the intubation gives your patient the surest chance for recovery. To make the diagnosis and prove the virulence of the bacilli, it is necessary, after having isolated the germ, to inoculate an animal, a guinea pig or rabbit, to ascertain virulence. It does not require any great amount of experience to be able to make a very reliable diagnosis from the inoculated tubes which is the best way to diagnose the disease. There are so many organisms found in the mouth that will be confounded with the diphtheria bacilli that in order to exelude them it is necessary to first inoculate a tube and then examine the colonies that develop on the surface of it in from 12 to 24 hours when it is kept at the proper temperature, which is 37° C, or 98° F.

The apparatus necessary to make the bacteriological examination are a microscope, cover glasses, slides, a platinum needle, a bottle of methylene blue stain, some test tubes containing 3 or 4 c.c. of culture medium, and an incubator. The microscope should give you a magnifying power from 500 to 1000 linear diameters with a sub-stage condenser. The platinum needle is made by inserting one end of a piece of fine platinum wire 3 inches in length into a glass rod. To do this hold one end of the solid glass rod in the flame of a Bunsen burner until the end of the rod is be-

coming soft, then pass the wire into the melted rod one-fourth of an inch. The methylene blue for staining is prepared after Lœfflers formula.

℞ Sat. alcoholic solution of methylene-blue..... 30 cc.
Caustic potash, 1 part to 10,000 parts water..... 100 cc.
M.

The media on which the bacteria grow best is Lœffler's blood serum mixture. Glycerine agar-agar I have used and it gives very good results. I have also used "nutrient blood coagulum," by M. V. Ball, of Philadelphia, but in my hands it has not been so satisfactory, on account of the dryness of the surface. Lœffler's blood serum mixture is made by taking three parts blood serum and one part of bouillon that has had 1 per cent. grape sugar added to it. To prepare the Lœffler's blood serum tubes you must catch the fresh blood in a large sterilized glass jar having a ground glass stopper.

Wash the calf's neck with a solution of bichloride of mercury, 1 to 1000, then with water that has been thoroughly boiled, to remove mercury. The calf's throat is then cut with a sterilized knife, letting the first blood escape, then catching as much as you want. One quart and a half to two quarts may be obtained from one calf. As soon as possible put the jar into an ice box, where it must remain for about 48 hours. It should be watched from time to time to see that the clot does not adhere to the side of the jar, if it should, by gently oscilating the jar the attachment can be broken up without stirring up the blood. At the end of 48 hours the serum may be syphoned off, being careful to get nothing but the serum. You should get from 250 to 200 c.c. of clear serum from the amount of blood stated. To make the bouillon, select one pound of clear, lean beef, free of tendon and fat, chop fine, add one litre of water and set in ice box for 12 hours, then strain through a cloth and add to the meat water one per cent. of peptone powder and one-half per cent. of common salt. It is then boiled for an hour and filtered. The reaction should then be made neutral by adding enough carbonate of soda solution to be as near neutral as you can get it. Mix the blood serum and bouillon 3 parts serum to 1 of bouillon. With a pipette place about 3 c.c. of mixture in clean sterilized test tubes. These should be placed in an oven inclined at the angle in which the serum is to be solidified, and then kept at blood temperature. For two hours each day the temperature should be raised to 60° C. in succession, for four or five days, when the temperature should be raised to 80° C, so as to solidify the serum in the tubes, when they will be ready for use. These tubes can be kept for months if they are kept in an air tight vessel (a fruit can answers well).

To secure the infection with which to make the inoculation, use small cotton swab on a wire for handle. Prepare swabs, place them in a test tube that is longer, so that you can sterilize the swabs in the oven. With a tongue depressor you hold the tongue out of the way, when you have

the membrane exposed brush the surface with this sterile swab, then rub the surface of the serum tube with infected swab. The inoculation being made you place the inoculated tube into the incubator.

Incubators, as such ovens are called, consist of a double walled zinc or copper box; the space between the walls filled with water. It should be provided with a thermometer and heat regulator. When the tubes have been in the incubator from 12 to 24 hours, the temperature maintained at 37° C, the colonies of germs have developed so they are ready to be stained and examined. This is done by picking out with the platinum needles those colonies which show early. Place a small drop of sterilized water on a cover glass, then the colony of germs removed is washed off on the cover; place on this another cover rubbing them together so as to spread the germs evenly. Slide them apart dry, pass through the flame of spirit lamp to fix germs to cover. Stain 10 to 15 minutes with methylene-blue, wash off stain carefully with water, dry, place a drop of xylol-balsam on a slide, lay the cover, the smeared side down, in the balsam; the preparation is now complete, the mount is ready for examination with the microscope.

In inoculating the serum tubes from the throat of the patient, this should be done before the use of antiseptic washes, if such has been used, make the inoculation three or four hours after. Inoculate two or more tubes at the same inoculation. If you have no incubator handy, these inoculated tubes can be put into a wooden box for protection, and carried in an inside pocket, as suggested by Ball.

When the cultures are examined microscopically it is characteristic to find the bacilli somewhat irregular, with one or both ends swollen, and very frequently rods broken at irregular intervals into short, sharply marked segments, either round, oval or straight. They take the stain irregularly as is most usually noticed, and stain deeper at the ends, giving the appearance of deeply stained granules in a lightly stained bacillus. The appearance changes somewhat when the germs are cultivated on different kinds of media. A very important point in the diagnosis is the rapidity with which the colonies of the (Klebs Loffler) bacilli develop on the surface of the serum at a temperature of 37° C.

In conclusion, I believe there is a very great difference in virulence of the specific germ, but for all clinical purposes the diagnosis can be be made reliably certain. I would insist upon calling all those cases diphtheria in which the microscopical examination revealed the characteristic appearance of the bacilli, coupled with the clinical phenomena. The disease commonly begins with a chill, fever, malaise, sore throat, urine scanty, usually albuminous. Local conditions, difficult swallowing, the muscles of the neck stiff and tender, lymphatic glands are considerably swollen, and the fauces are covered with a grayish white membrane.

Morbus Coxarius.

By James W. Cokenower, A. M., M. D., Professor of Orthopedic Surgery, Iowa College of Physicians and Surgeons, Des Moines, Iowa.

Written expressly for this Journal.

The subject of Morbus Coxarius, or Hip Joint Disease, is one that has given the general practitioner no small amount of trouble, and even the orthopedic surgeons have not escaped its apparent hidden perplexities, but the object of this article is to present the subject in a manner as viewed by the general practitioner. Hip-joint disease, like spinal disease, or any other disease producing deformity, is easily diagnosed after the deformity actually exists, and the treatment equally as plain. Hence, the earlier a correct diagnosis is made and the corresponding treatment given, the better the chance for relief, and likewise absence of deformity. There are so many diseases that similate hip-joint disease, is why it is so difficult to discover the real seat of the trouble in its incipiency. For instance, the early stage of hip-joint disease similates diseases of the sacro-iliac, psoas abscess, knee-joint, caries of the ilium or ischium, periostitis of trocanter major, Potts' disease in lumbar region inguinal abscess, inflammation of psoas magnus and iliacus muscles, congenital malformation of pelvis, partial paralysis of one of the lower extremities, injuries of the hip, such as dislocation, fracture or diastasis, bursitis, and neurosis of the lower portion of femur, yet each of the similating diseases mentioned have their peculiar diagnostic landmarks of localization and circumstantial causation with some, but not all, the features of hip joint disease. Hence, a good plan to pursue in determining the facts at issue is to proceed to eliminate carefully one by one all diseases that may be mistaken for hip-joint disease, using pain on pressure or motion, inversion or eversion of toes, abduction or adduction of limb, limited motion, tilting of pelvis or bending of spine to accommodate passion mobility and, last, but not least, rotation and manipulation. I will now briefly speak of hip-joint disease as it exists in its different stages, and report a case.

The head of the femur and ascetabulum are cancellous in structure, quite vascular, hence susceptible to traumatic injury and inflammation and begins as a synovitis rupture of ligaments, or blood blister on bone beneath the periostium or ligaments. Yet there are many noted surgeons who have advocated the theory that the cause just mentioned, were incorrect and that nearly all cases of mobus coxarius was due to a contaminated constitution or, in other words, that hip-joint disease is essentially strumous in its origin. This theory, I believe, is generally accepted to be correct, but my experience does not sustain it, as seven tenths of the cases that have come under my observation has been of traumatic or some local disease origin, and the results verified the diagnosis. Dr. Lewis A. Sayer, of New York, reports 399 cases of hip-joint disease, of which 283, trauma-

tism was assigned as one cause, and while in 116 cases the cause was recorded as unknown, in 307 cases the previous history and condition was good, in 47 bad and in 45 cause was recorded as unknown.

The disease in its earlier form often comes on so slowly that it is difficult to decide the exact nature of the trouble, but usually there is a limping gait, especially in the morning, or after resting, pain on motion, or when supporting weight of body: relief from extension and counterextension, if synovitis and the reverse if ligaments, flexion of leg and abduction to some extent of thigh.

In addition to the general plan of diagnosing, briefly given heretofore, I will now state the ever reliable points of interest which, in my experience, are always present. In the first stage of hip-joint disease, limited motion with pain, limping gait, slight eversion of toes, and slight abduction and flexion of limb. In the second stage, marked apparent lengthening and abduction of limb, eversion of toes, flexion in both joints and pain more intense and, in the third stage, the limb is shorter, abducted, toes inverted and front touches with ball only, pain greatly diminished or none at all.

The case which I will report represents a typical one in the second stage of hip-joint disease. Ida A., aged nine, of 1042 Sixth street, Des Moines, Iowa, where I was called April 21, 1891, when I examined the case and received the following history: Parents, Jews; good family history; case in question was the eldest of three healthy children, and an unusually well developed and nourished child, and while enjoying her childish activity, fell down stairs and striking upon her left hip, in December, 1889, did not seem to be hurt much, and in a few days seemed all right, and the parents gave no further notice of the injury, until in May, 1890, when they noticed her diminished activity and an apparent limping gait, and often crying out in her sleep. This went on until in the Fall, when the family physician pronounced it a case of lumbar spinal disease and gave treatment accordingly, and continued to treat her and she continued to get worse, until January 2, 1891, having passed through a typical first stage in hip-joint disease. The family physician then advised sending her to Chicago for treatment, which was done, and after remaining there three months, was in a still worse condition than ever, and parents advised to take her back home, as the case was a hopeless one, and gave them a letter to Dr. G. P. Hanawalt, of Des Moines, who, in turn, referred the case to me. Upon examination, I found patient much emaciated, nervous, unable to walk, stand or sit. Any attempt to move gave intense pain, while there was some pain all the time, especially when attempting to move the body, leg and thigh flexed, toes everted and limb abducted and hip joint seemingly anchylosed, so far as any motion was concerned, yet there was no redness, or swelling of the hip, or any external evidence of breaking down of any kind of tissue, and the trouble was, in my opinion,

due to the presence of liquid pus, or lymph within the capsule of the joint. I found that I could give relief by means of extension and counterextension, but owing to flexed condition of thigh, could not do this in the line of the axis of the limb, without pain, so anæsthetizing the patient and dividing subcutaneonsly, the abductor longus and gracilis, overcome the apparent anchylosis and brought the limb to its normal position, put patient in a wire cuirass and made extension and counterextension in horizontal position. After this there was no pain, and with the assistance of a good tonic, she began to improve, and in two months I removed the cuirass and put on a long splint, made by myself after the style of Sayer's Morbus Coxarius long splint, and with the use of a pair of crutches, the little patient was able to walk about with comfort and continued to improve. This splint was worn for about four montha and then a short one was used in its place in order to permit the better use of the limb, and a cane took the place of the crutches. In a few weeks the short splint was thrown aside and case continued to improve, and in nine months from the time I took the case, the hip-joint was well, good motion and only one inch shortening of the limb, and patient restored to her former good health.

This case was a typically interesting one, and, in this brief report, I have only given the general plan of treatment. But the fact in all cases of first and second stages of hip-joint disease that remains always of paramount importance is quietude, rest, extension and counterextension, and such local treatment as may be indicated.

Glioma--Operation--Cautery--Recovery.

By William Clarence Boteler, M. D., Professor of Ophthalmology, Otology and Rhinology, College of Physicians and Surgeons, Kansas City, Kansas.

Written for the Charlotte Medical Journal.

This disease variously styled Glio-Sarcoma, Fungous Hæmatodes, Small-celled Sarcoma of the Retina, by different pathologists, was first described by Mr. Wardrop during the early part of the present century, and although the light of science has since then permeated every tissue element of the body, from 1836 to the present time, authors have not differed greatly as to the prognosis and treatment of this affection. In 1846, Dr. Little said: "This disease is a constitutional and fatal one from which even the knife of the surgeon affords scarcely a probability of escape; the malady having with few exceptions reappeared after extirpation though the operation was performed in the incipient stage and under circumstances the best calculated to ensure success." Etiologically and histologically the earlier authors of America did not attempt to describe it; but more latterly the affection has been by some considered as arising from the "optic nerve;" "the retina and optic nerve;" or "the retina" alone; the latter being that now generally accepted. Dr. J. R. Wolfe, of Glasgow, Scot-

land, in his text-book of 1881, seems to localize the disease as first commencing in the optic nerve. Schmidt Rimyler, of Marbrugh, Prussia, revised by Roosa, in his text-book of 1889, does not offer any original investigation or opinion as to the genesis, or histology of the affection, but after quoting Virchow as the first to describe it as Glioma of the retina, says: "It unquestionably originates in the internal granular layer of the latter." Prof. Soelberg Wells, in the last edition of his great work revised by Dr. Charles Steadman Bull, of New York, ascribed its origin to the interstitial connective tissue of the retina, and Dr. Ernest Fuchs, of Vienna, brooking no reasonable doubts on this question classifies the condition as Glioma of the retina, and depending also on the researches of Virchow, says "it developes mainly from the inner granular layer of the latter." But as it is a *connective tissue* growth, Iwanoff logically concludes "that it may originate from the connective tissue elements of all or any of the layers of the retina. The tumor is an aggregation of roundish, granular, nucleuated cells with little intercellular substance.

Histologically, authors have agreed that it is identical with the small round celled sarcoma, and that microscopically there is no difference between the two, but very lately Dr. Earnest Fuchs claims "that a microscopic diflerence does exist in that the cell of the glioma is never pigmented." Clinically all authors and ophthalmologists generally agree upon the usual rapid development of the growth, its tendency to evade adjacent structures, to the "metastatic development of tumors in distant organs, on its usualiy fatal termination despite operative measures and all that can be done. In a busy ophtalmological practice of 17 years, I have had personally but four of these cases. All of them were little boys three or four years of age; clinically they were all mainly similar; exenteration of the orbit was done in each case; three died and one recovered; two of the cases had reached the fourth stage and two, including the one recovery (I have now to report) were in the third.

Few cases of the disease have been reported where recovery followed, although Prof. Panizza in 1846 referred to a case in the person of "a man," whom he averred he had known to get well. Dr. Fuchs says "whilst the disease is still confined to the eye-ball we may hope for permanent recovery. but when it has PERFORATED the eye-ball rapid recurrences both in loco and in the neighboring lymphatic glands seldom fail to occur. Prof. Soelberg asserts that "the prognosis is always extremely grave and we have no guarantee at any time that the nerve is not already implicated although the tumor may be still very small." Prof. Schmidt Rimpler agrees mainly with Wells, but alleges that recoveries may be had from early operation."

The disease seems to be unquestionably one of childhood, despite some questionable cases reported in adults, and from its early manifestations in many cases it is not unreasonable to suppose that it may have its origin

in early *fœtal life* and in traumatisms inflicted in the progress of labor. The symptoms as a rule are as follows: In appearance the eyeball as a whole is quite healthy and normal; there is neither pain, congestion nor inflammation; the pupil is slightly dilated, and on closer inspection a yellow-whitish *reflection* is seen from its centre, due to the growth of the disease and the detachment of the retina which it pushes forward. As the growth increases the tension of the eyeball is vastly augmented, its size is exaggerated, the lens becomes opaque, and the lens and iris are pushed forward against the inner surface of the distended and overgrown cornea. At this stage, for the first time, the patient experiences pain. When the fungus appearing tumor has filled the cavity of the eyeball and the latter is more hideous and larger than the eye of an ox, perforation generally takes place. At this stage the tumor sprouts forth from its environments in red cauliflower form, and, being unconfined, its growth is exceedingly rapid. A sanious liquid exudes from its surface, the eyelids are greatly swollen, the tumor bleeds on the least touch, and by way of metastatis the disease invades the neighboring lymphatic glands, the internal organs, generally the liver, and patients die in from a few months to several years, either by exhaustion or an extension of the dreadful disease to the brain.

Notwithstanding the clinical history just given of this disease and the universally unfavorable prognoses quoted, I have one recovery to report from my only four cases.

Bradley Townsend, aged three and one-half years, was brought to me from Centralia, Kansas, in January, 1893, for investigation as to the condition of his eyes, which had been noticed from birth to possess "some peculiarities."

He was of the blonde type, reasonably well nourished, but his general development showed a frail constitution. The mother, possessed of all the keen intuitions of intelligent womanhood, complained that "from inattention by a physician at birth or during delivery, the child's eye had sustained injury, and during the first hour of life they noticed there was something wrong with it." There was no knowledge of scrofula or cancer in the families of either the father or mother, nor of any injury that could have been inflicted at play at any time. These parents had another child, a boy, then six years old, with good eyes and average health and strength.

This peculiarity had been noticed many times from birth by the mother, who frequently wondered at the shining of the ball like a cat's eye in a darkened room. When the case came to me for examination there were no inflammatory symptoms, and the history given by the parents showed there had been none, but towards the last the part had become irritable and the child complained of pain. The first and second stages of the disease having passed when the case was presented, the third stage being in its meridian of advancement, the diagnosis was easy.

The pronounced enlargement of the eyeball to three times its normal dimensions, being the size of a common egg; the presence of the retinal excrescence and the yellow characteristic reflex in the distended pupil of the hypertrophied eye; the high tension; the exaggerated size projecting from the orbit and disturbed relations of all the parts of the eyeball; the presence of commencing ulceration at the eclero-corneal junction, where the over-stretched tunics had begun retrograde metamorphosis, showed a most typical case of glioma retina of the third stage.

We could find no sympton that indicated the extension of the disease to adjacent parts (the fourth stage), and from the seeming freedom of the brain, liver and lymphatics from metastatic implication, we gave the parents a ray of hope that a thorough, complete removal of the contents of the orbit might save the little patient's life—the slow development of the growth, three and one half years, lending courage to our assertions. The usual fatal termination of glioma, the steps of the operation, the necessity of chloroform, the liability to regrowth of the mass, having been explained, the parents readily consented to complete amputation of the contents of the orbit. This was done, as stated above, about the middle of January, 1893. There was no particular effort made at simple enucleation, but after dissecting the conjunctiva, transversely separating and holding it aside for future use, the entire contents of the orbit were exenterated or dissected away, the optic nerve divided by pointed scissors at the apex of the orbital cone; then, the same thoroughly cauterized by an applicator carried to white heat with a spirit lamp. The orbit was packed with absorbent cotton saturated with hydrg. bichl., one grain to 2,000. It was dressed antiseptically in the same manner for two weeks, when the child and its parents returned to their home. At the present writing, January 15, 1895, almost two years from the time of the removal of the mass, the mother writes me as follows:

"Dear Doctor: After your operation in January, 1893, we dressed our son's eye with a syringe every other day until the following May; every day during the summer until October; since that time we have dressed it only with the idea of cleanliness, and have not had any trouble with it. The remaining eye seems strong, and he is enjoying very good health," etc.

Since Professors Fuchs, Wells, Wolfe, Virchow, Graefe, etc., concede "the children generally die from exhaustion or extension of the disease to vital organs, especially the brain," it seems reasonable that, from the absolute restoration to health of the little child above, we have here a result that would have been unusual in the experience of these great authorities, and one that deserves to be classed with the very few recoveries from this disease, sparsely referred to by the great masters of ophthalmology of the world.

PYROZONE.

(3 per cent. Aqueous Solution.)

THE name PYROZONE is applied by the manufacturers to absolute H_2O_2. The 3 per cent. aqueous solution answers to lhe tests of the new U. S. Pharmacopœia, with the additional advantages that it is pressureless and permanent, losing none of its energy until used. It is far superior both in exactness of strength and keeping qualities to the usual strength of peroxide of hydrogen. Dr. Bansford Lewis says: "Pyrozone is certainly an advanced step."

DIURETIN.

(Knoll)

THIS valuable diuretic has been extensively used by a great number of prominent practitioners, among whom may be mentioned DuJardin-Beaumetz, Masius, Demme, Erb, Keyes, Babcock, Herrick, Henderson and many others, in the treatment of **Dropsy, Heart Disease, Scarlatinal Nephritis, Rheumatism,** and as a general **Diuretic.**

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A New Remedy for GOUT and RHEUMATISM.

A prominent Physician writes: "I have used Tartarlithine in the treatment of about a dozen cases of my own with results that are little less than wonderful. The characteristic feature of its action is the rapidity and promptness with which patients improve under its use. An improvement is noticeable within 24 hours."

EXALGINE.

(Analgesic.)

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A REVIEW OF THE ANTITOXINE TREATMENT OF DIPHTHERIA.

The antitoxine treatment during the past few months has taken a tremendous hold on the minds of the entire medical profession. There is an increased interest in diphtheria in all medical circles. This great discovery was not achieved by a single stroke; it was rather the legitimate outcome of a number of discoveries made by prominent scientists working at the same time in the same line. Klebs in 1883 discovered the diphtheretic bacillus. Leoffler in 1884 isolated it, described its culture media, inoculated animals and thus reproduced diphtheritic membranes. This gives the bacillus the name Klebs-Loeffler bacillus. In 1888 Roux and Yersin by means of the Chamberland filter separated the bacillus from the ptomains or toxine. They then injected this toxine into animals and produced typical diphtheritic paralysis, and in this way demonstrated clearly the role of this bacillus.

Dr. Behring experimenting with Roux's toxine in 1890, found that blood of animals that had been injected with this toxine, contained *antitoxine*. He then succeeded in producing in animals immunity against diphtheria. Soon after numerous experiments were made and reported.

This great discovery was not, however, at that time utilized to any great extent. Roux then in a most practical and enthusiastic way continued the experiments. He inoculated a horse with toxine and bacilli, and thus obtained serum in quantities large enough to treat many small animals before and after they had been given diphtheria. The results were satisfactory and he immediately commenced with diphtheritic children.

In the latter part of last year he made a report of his first 448 cases of diphtheria treated with antitoxine, with a mortality of 24 per cent. This report attracted the attention of the entire medical world. Before this report was made, however, many other eminent physicians, and especially in Berlin, had been treating cases with the serum, but had not made any report publicly. After Roux made his report they connectively made

a report of 350 cases with more favorable results than had already been claimed.

The most reliable reports from Vienna have been made by Wiederhoffer and Monti. The former treated 64 cases with six deaths and several of them were of an unusual severe type. Monti treated sixteen cases without a single death.

In Paris the enthusiasm over the serum treatment is certainly very great. The last report of 231 cases gave a mortality of only 10 per cent. This is much better than Roux's original 448 cases with a mortality of 24 per cent. This lowering of the mortality seems to go hand in hand with the improvements in the details of the preparation of the serum and its administration, and with a better appreciation of the indications for its use.

Dr, Caillou also in Paris treated, in his private practice, 21 adults with only one death. He used smaller quantities of serum than he usually employed for children, because, as he said, adults stand diphtheria better than children and are not so profoundly poisoned by it.

In Germany Prof. Witthauer reports a series of 50 cases of diphtheria treated by him since October, 1894. Of these 36 were treated with serum; of this number 5, or 13 9 per cent., died; in 4 of the fatal cases tracheotomy was performed. In 20 of the children who were injected tracheotomy was required, so that the mortality after the operation was 20 per cent. All the cases, both those treated with and those treated without serum, taken together gave a mortality of not quite 14 per cent. This Witthauer considers a brilliant result having regard to the fact that in 28, that is more than half the total uumber of cases, tracheotomy was required, and that the majority of the cases came under treatment at rather a late period after the commencement of the illness. In former years, of cases in which tracheotomy was performed in the same institution, not more than 25 per cent. recovered. Witthauer believes that recent cases of uncomplicated diphtheria will as a rule recover after the injections. Albuminuria was slight and infrequent, certainly not more frequent than before the serum period. Eruptions of the type of erythema exudativum occurred in two cases. The value of Witthauer's statistics is lessened by the fact that no bacteriological examination was made.

THE PROPER TIME OF THE DAY FOR GIVING MEDICINE.

The time at which various medicines should be given is a subject which has received too little attention, though worthy of the utmost consideration. Chemical changes and reactions take place inside, as well as outside, the stomach, and it may make much difference whether food be taken on an empty or on a full stomach. Some drugs retard digestion, some accelerate it; one will irritate the stomach and should not be given

when the organ is empty—another is designed to act locally on the walls of the organ, and should be given when it is empty.

It is always proper, when large doses of sulphate of quinine is given, to administer it on a full stomach. Several good reasons can be given for the adoption of this plan. It always requires a certain amount of acid to dissolve quinine, more than is usually present in an empty stomach, and if given at this time will produce some irritation. Even during digestion, when the acid secretion is the most active, it is not then sufficient to completely dissolve large doses of quinine.

Another article which is usually given at the wrong time is cod liver oil. It is a great mistake to give plain cod liver oil on an empty stomach, as it would be to give butter in chunks alone when the stomach was empty. In the latter case, it would be apt to cause eructations, burning in the pit of the stomach, nausea, or vomiting; but if the butter be taken incorporated with other food it improves digestion, and is well borne in moderate quantities. It is precisely the same with cod liver oil; alone, or mixed with alkalies, essential oils, &c., it disagrees in cases where, if it were properly taken, it would agree perfectly.

The time at which sedatives and hypnotics can best be given is also worthy of note. It is in the evening hours that agents like potassium bromide, hyoscyamine, sulphonal, &c., should be given.

Iodide of potassium is better after a meat meal than one rich in starch, as in the latter case an iodide of starch is formed. Permangate of potassium should rarely be given internally, but when it is so prescribed must be administered on a full stomach and swallowed with plenty of water or it will burn the mucous membrane. The salicylates, and particularly salicylic acid, are open to the objection that they sometimes have occasioned ulceration of the stomach. For this reason salol is given instead in rheumatism, as it is not dissolved in the stomach, but in the intestine, where it is split up by the action of the pancreatic juice. It is non-irritating, and a few capsules of it relieve the mischief. The salicyles should be given after meals, but salol may be given at any time.

CLEANLINESS.

Inasmuch as uncleanliness is the parent of epidemics, so is cleanliness a preventive of disease. Many do not know, while others do, over look the fact, that the skin is full of little sewers, called pores, through which are empted out from the blood, five-sevenths of all its impurities. It must be remembered that while the intestines carry off one kind of waste matter, and the bladder and urethra another, there are over twenty-five miles of perspiratory tubes engaged in disposing of effete matter, unless obstructed by neglect; and uncleanly accumulations on the skin are, in a measure, as injurious to the health as constipation, or suppression of the urine.

Daily bathing is not indispensable to protect the outlet of these little sewers. Many people cannot bathe every day. The fricttion of the hand over the whole surface of the body, with an occasional bath, will answer in many cases. Comparatively few are injured by an excess of soap and water, and every one who is not advised by his own symptoms, or his physician, not to do so, may use plenty of water without injury by employing that temperature which best promotes subsequent good feeling, The after effect is a good monitor to govern the frequency of bathing, and to direct as to the temperature most conducive to individual health. If men and women were careful in eating and drinking it would be necessary that all the outlets of waste matter be kept free from obstruction; but when excess from eating and drinking are the rule, rather than the exception, when the mouth and stomach are made receptacles of every thing which tickles the palate, whether the system requires it or not, it becomes still more necessary that the various sewers, which nature has provided for the emptying out of the useless matter, should be kept active and free from everything that obstructs the performance of their functions.

DIPHTHERIA SERUM THERAPY.

The introduction of Serum Therapeutics in diphtheria is not destined to have an uninterrupted career. Already its opponents arising armed, not only with theoretic objections, but with statistics, facts and figures born of experience, to warn against its efficacy as a therapeutic agent on the one hand and its remoter dangerous effects on the other.

Dr. Hansemann in an exhaustive treatise on the subject opposes the prophylaxis and the curative power of the antitoxine. He commences by attacking one of the best accepted theories of the day, namely, that true diphtheria, the diphtheria of Bretonneau is not produced nor dependent upon the Loffler bacillus. He claims that the so-called Loffler bacillus is absent in over 30 per cent. of the cases, that it is always associated with streptococci and staphylococci, and is not always found in certain clearly diphtheritic affections, as in the vaginitis conjunctivitis and fibrinous rhinitis, therefore it cannot be the diphtheria bacillus in the clinical sense of the word.

Injections, subcutaneously into animals provokes only a simple oedema. If the throat is healthy its infection cannot produce diphtheria when infected. Animals, like pets that have been continuously with children affected, do not contract the disease.

Prof. Bokai in a report upon the use of Behring's serum, which he lately puhlished, regards the immunizing power of the antitoxine as disappointing, the results werc less favorable, and there were cases which underwent relapse, though injections of the serum had been made. It seems that the serum is exhausted within from eight to seventeen days

after the injection, and that the organism loses immunity in the course of this short time. In some cases where the serum had been injected prophylactically the children did not develop diphtheria during the first few days after they had been exposed to infection, but were affected five, or even ten weeks after the prophylactic injections. As the serum contains half per cent. carbolic acid, repeated injections may cause symptoms due to the poison. The injections of the serum had no influence with regard to the occurrence of specific processes or paralysis. Moreover, he finds that the necessity of performing tracheotomy or intubation is not diminished by its use.

That disagreeable symptoms and complications have followed the injections are becoming every day more apparent by the reports that are coming in from every part of the world.

THE PROPER WAY TO STERILIZE MILK.

There has been so much recent discussion on the subject of milk as a circulator of disease that the following directions will be of interest.

The milk to be sterilized for the use of children should be placed in a clean bottle, which is put inside any convenient metal vessel, into which cold water should be poured until it reaches the level of the milk in the bottle. The mouth of the bottle should be closed with a plug of clean white cotton.

It will be found more convenient in practice to raise the bottle containing the milk about half an inch from the bottom of the outer vessel by any convenient means, as this facilitates the circulation of the hot water round the bottle.

The outer vessel should then be placed on a stove and slowly heated until the temperature of the water reaches the boiling point. The vessel should then be taken from the fire and covered over closely with a piece of woollen cloth. It should remain covered for half an hour, at the expiration of which time the bottle should be taken out and put in a cool place.

CHEERFULNESS.

Cheerfulness should be cultivated by every one. It is an antidote for many ills; and a laugh is of immense value physiologically. It produces an electric effect throughout the whole system. It is felt in no one place particularly, but every nerve. muscle, and fibre is simultaneously titillated with the electric flash from the brain. All who have melancholy friends should try to excite them to laughter. A few hearty laughs will cure the most desperate case of melancholy. It is a Christian duty to look cheerful, and a blessed privilege to laugh "Away with melancholy."

THE MANNER OF EATING--REST AFTER MEALS.

There are a great many people who suffer from indigestion from youth to old age, and often times never discover the real cause of their trouble. Hurried eating of meals, followed immediately by some employment that occupies the whole attention and takes up all or nearly all of the physical energies is sure to result in dyspepsia in one form or another. Sometimes it shows itself in excessive irritability. This is almost a sure indication that nerve force has been exhausted. It is not natures rule to do two things at a time—the stomach cannot digest a dinner while the brain is at work at the same time. All know that when a force is divided it is weakened. If the meal were eaten slowly, without pre occupation of the mind, and the stomach allowed at least half an hour's chance to get its work well undertaken before the nervous force is turned in another direction, patients suffering from dyspepsia would be comparatively few. The old saying, "It does not matter what you eat, but how you eat it," has more truth than poetry in it. While the quality and quantity of foods have much to do with the health, the manner of eating, and the habit of not giving nature sufficient time to do her work, has quite as much, if not more, to do with keeping up the tone of the system to a natural, healthful point. All meals should be followed by a short rest, but especially dinner. In the morning, when the physical and nervous forces are in their greatest vigor, the stomach can proceed with its functions if the breakfast is immediately followed by moderate employment; but it is hardly wise. A short rest will keep the tone of the body better during the day, and it is always best to be on the safe side. After supper there should be, no work, but recreation. The bodily vigor is at its lowest ebb, and should not be further taxed. Other faculties and muscles should then be called into action, and nature assisted to recuperate her exhausted forces by pleasurable occupation and rest.

HEADACHE IN WOMEN.

It is not generally known that neuralgic headaches occur twice as often in women as in men. It is a fact, however, and the cause of this great difference is somewhat obscure. There is one cause which has been overlooked, and one to which it is worth while to call attention. The pain experienced is generally located in one or more of the branches of the second cervical nerve, very commonly those terminating in the scalp at the occiput, or back of the head. The nerves of the scalp are irritated by the hair being drawn tightly back and put on the strain, not as a whole, in which case the strain would be spread over a large area of the surface, but by small bundles of hair which are pulled back and held in place by hairpins. Relief is experienced by removing the hairpins, but this gives only a temporary and partial effect. The injury done is lasting, if not

permanent, in its consequences. The present style of dressing the hair should be discontinued, as it in part accounts for the prevalence of a form of suffering which is both intractable and distressing. If it were the fashion for women to wear their hair short instead of long and tied up, there would be less headache than there is.

FEEDING INFANTS.

This is a subject that no practitioner of medicine can afford to neglect. Quite a large number of his patients belong to this class, and no other patients appeal so strongly to the sympathies of the doctor. The result of his treatment of these little people must necessarily be a large factor in his ultimate success, for the eyes of the whole neighborhood are upon him, and the case may terminate in such a way as to either make or mar his reputation.

The result of over-feeding is the leading factor in the very great mortality in infancy and childhood. It is true that quality of food plays an important part in the ailments of children. Even in considering the zymotic diseases of children, by which diseases so often fond hopes are blighted, we must admit that the mortality is largely due to over-feeding prior to the inception of the disease. The disease is severe or not, according to the fermented condition of contents of the alimentary tract. The decomposed contents of the *primæ viæ* is a fertile field for the rapid propagation of bacilli, or diseased germs. Thus the severe form of the disease.

Now, if an infant can not digest its food we might say, with equal correctness, that it is over-fed, since the food acts as so much foreign matter—fermentative decomposition taking place with the mal-products of nutrition. In a great number of these cases the digestive organs have been so over-taxed and abused that a state of inanition results, in which the secreting glands are sluggish and slow to respond, even to the most careful diatetic and hygienic measures.

If careful attention is given cases of this character, and at the proper time, many serious attacks of sickness can be rendered less dangerous, and many cases can be prevented entirely.

VAGINAL INJECTIONS DURING LABOR.

Hot sublimate or carbolic injections during labor shrivels and contracts the vaginal mucous membrane by contracting the capillaries, removes from it its natural lubricating secretion, thus largely augmenting the friction between the head and the vaginal walls, retarding the progress of labor and necessitating greater powers of expulsion.

MILK THE CAUSE OF DISEASE.

Scarcely a month passes that we do not read of outbreaks of scarlet fever, typhoid fever, diphtheria, &c., where the poison was conveyed by milk. The poison is supposed to get into the milk either in the form of scales from the skin of a sufferer, from pollution of the milk cans with impure water, or from the breath or sputa. We may, however, suspect in many cases that the poison of enteric fever, diphtheria and probably other diseases may bear some relation to diseases in the cow itself. Measles, whooping-cough, and small pox, have not been proved to have ever been conveyed by milk. Cows suffering from foot-and-mouth disease cause inflammatory affections of the mouth and throat of those who drink their milk. Cows are subject to tubercular disease of the udder, and in advanced stages it is believed that the tubercular disease may be transmitted to man through the milk. Thrush, or apthous stomatitis, occurring in children fed with milk has been proved to be due to a fungus in the cow's milk (*oidium albicans*). The milk of cows which have fed upon certain plants, and the milk of goats which have fed on meadow saffron, have been known to produce severe intestinal symptoms, diarrhœa, &c. Milk which has been exposed to warmth, sewer gas, effluvia, or want of cleanliness, and has become sour, may give rise to considerable intestinal irritation, and is no doubt accountable for many cases of epidemic diarrhœa in children. Boiled milk will not convey specific disease, but boiling has no effect on milk which has fermented. According to Dr. Power, cases of scarlet fever spread by milk are usually mild and rarely fatal. Milk from cows suffering from the disease of the udder known as "garget" has been suspected as a cause of outbreaks of diphtheria.

GRIEF FROM A MEDICAL STANDPOINT.

The nervous system requires complete rest after blows caused by sorrow. Recent medical observations show that the physical results of depressing emotions are similar to those caused by bodily accidents, fatigue, chill, partial starvation, and loss of blood. Birds, moles and dogs which apparently died in consequence of capture, and from conditions that correspond in human beings to acute nostalgia and "broken heart," were examined after death as to the condition of their internal organs, and it was found that the nutrition of the tissues had been interfered with, and the substance proper of various vital organs had undergone the same kind of degeneration as that brought about by phosphorus or the germs of infectious disease. The poison of grief is more than a man. To urge work, study, travel, the vain search for amusements, is both useless and dangerous. For a time the whole organism is overthrown, and temporary seclusion is imperative for proper readjustment.

Grief cannot be ignored, neither can it be cheered up. It must be

accepted and allowed to wear itself away. Readjustment comes slowly. Sorrow, grief, and all great misfortunes should be regarded as conditions similar to acute infectious diseases, which they resemble in result: and later, as convalescence from such diseases. Seclusion, rest, cleep, appropriate food, fresh air, sunshine, interests that tax neither mind nor body, these are requirements in this class of illness.

A FEW SUGGESTIONS IN REFERENCE TO BURNS.

Hardly a month passes that we don't see exhaustive treatise on the treatment of burns and scalds, and they almost always end with the recommendation of the use of lime water and oil. While there may be somewhere in medical science some excellent reason for the employment of this compound, one cannot but wonder how such a curious mixture ever came into favor. One might die from exhaustion from pain before either of these ingredients could be procured and properly prepared for use; besides, not every one understands managing them. Why not use a remedy within the reach of every one, something that almost every pantry affords, and which has been thoroughly tested and found in every way to answer all the demands of a remedy? At the very first possible moment grasp a handful of lard, such as is used for cooking purposes, and smear it over the burned surface. This answers until the regular remedy can be prepared, which consists simply of a paste of flour and lard made as soft as it can be handled. This is spread about half an inch thick upon a cloth and applied to the injured parts. Let it remain until it begins to crumble, which can be readily ascertained by raising the corner of the cloth. The application must then be renewed, great care being necessary in taking off the old plaster that the surface of the skin is not broken. If it sticks at any point, it is much better to leave it than to run any risk of irritating the hurt and possibly causing a deep sore. The number of applications will depend upon the nature of the burn.

Prof. Loeffler, the discoverer of the diphtheria organism, in his "Report on the Etiology and Prevention of Diphtheria," presented on behalf of the German Committee to the Eighth International Congress of Hygiene and Demography, at Buda-Pesth, includes in the summary of this most important report. the fifteenth heading as follows:

"One of the most effective means against the spread of diphtheria to be cared for is the protective inoculation of susceptible individuals in the neighborhood of the patient, especially of children. In proportion as the innocuousness of the serum treatment for the prevention and cure of the disease becomes established, it becomes important to develop, as far as possible, the practice of inoculating it in families and schools in which cases of diphtheria have occurred."

The Elimination of Ether and Its Relation to the Kidney.

This is the title of an article by Dr. George B. Wood that he lately contributed to the University Medical Magazine. The author gives account of seventeen experiments on animals, undertaken for the purpose of ascertaining the precise action of ether, when administered as an anæsthetic, on the kidney, whether healthy or diseased. He thus summarizes the chief conclusions that he has arrived at:

1. It has been proved that ether exists as such in the free state in the blood, but, although it must come in close relation with the kidney, it is not excreted by that organ to any appreciable extent. Nevertheless it has been demonstrated that in ether anæsthesia the kidney becomes congested, and, on microscopical examination the cells show cloudy swelling. The cells of the convoluted tubules are affected primarily, and the tufts and collecting tubules do not show any change unless the anæsthesia has been prolonged. It is probable that repeated administrations of ether, if kept up long enough, would cause desquamation of the epithelial cells.

2. The local effect of ether upon the kidneys already diseased must be very deleterious, for an unhealthy organ will not stand wear and tear like a normal one. In cases where uræmic poisoning was beginning to manifest itself it was shown that there was a liability to sudden death during ether anæsthesia, due to the action of the ether on the already depressed centers of respiration.

The author gives it as his belief that in cases of nephritis surgeons should give ether only with the greatest care, and watch continually for any signs of failure of respiration. An important point, he says, is that the ether should be given very gradually, and when during the anæsthetization it is necessary to use more ether the inhaler should not be put directly on the face at once, but gradually brought close to it while the anæsthetizer watches the patient's breathing carefully.

The Latest Reports on Antitoxine in Italy.

The Chief Council of Health for Italy, at their meeting held in Rome on January 22d, discussed the question of the supply of antitoxine and drew up rules for its preparation and supply. The rules are to the following effect: That the manufacture of the serum be granted to all laboratories where they have sufficient means and where they can guarantee good faith for the manufacture; that the premises have all the necessary conditions so that the result may be satisfactory; that proof be given of the goodness of the serum for immunising the horses and of the efficacy of the antitoxine obtainen from them; after the authorization of the Minister of the Interior is obtained the laboratory is to be under the inspection of the sanitary officers.

The Municipal Council have established a laboratory in connection

with the abattoir for the supply of the serum. The expenses of the laboratory have already been sanctioned by the Council, and the culture of the antitoxine will be under the control of Dr. Gualdi, the Director of the Office of Hygiene, assisted by Dr. Barteanelli, who has recently returned from Paris, where he was sent by the municipality to study and report on the treatment as carried out by Roux. The serum will be provided gratuitously to the poor, and a small fee will be charged to those who can afford to pay it. In the meantime, until the horses now being immunised are ready to supply the fluid, Dr. Gualdi has obtained in case of need a considerable quantity from Hehring's establishment. Rome is still comparatively free from diphtheria. Within the last few weeks a few cases have been published in the papers, which were cured by injections of antitoxine.

The Climacteric, or Change of Life.

Every woman lives in dread of the time when her normal functions will become irregular, or cease altogether. The change of life is a serious crisis in a woman's existence. Dr. Hammond's discovery of the value of Animal Extracts in the treatment of this condition is a decided advance in modern scientific therapeutics. The Animal Extracts, more particularly Cerebrine and Ovarine, are peculiarly useful in the treatment of the diseases of women. They are best employed alternately, beginning one week with Cerebrine and the next with Ovarine. The recuperative action of Cerebine upon the nervous system has been successfully employed in many cases.

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BOOK REVIEWS.

A System of Legal Medicine. By Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc., and Lawrance Godkin, Esq. With Illustrations. New York: E. B. Treat, 5 Cooper Union. Vol. II.

Every since Volume I. of this work appeared Volume II. has been anxiously looked for, and as it appears, it will be received with ready hands. Until recently the contributions in the United States to the literature of medical jurisprudence have been exceedingly meagre, if we except Beck's classical but antiquated treatise, and other works limited in scope. For the purpose of studying this subject we have been in the habit of referring to foreign books which are written for transatlantic readers and in many instances this plan is inapplicable and not in conformity with the legal usages of this country, therefore the appearance of this American treatise will be especially welcomed. This magnificent work contains nearly seven hundred pages, and one feature of the book is the articles upon special subjects prepared by distinguished members of the American Bar. These legal gentlemen have written articles upon subjects with which they are especially familiar, and in most instances they have acted in conjunction with a medical collaborator. This work under consideration is a repository of the most advanced ideas and valuable cases, containing very little threadbare material, and the articles are illustrated by new examples. The scope of the work is very great, but its contents will be found to be practical and concise. Extraneous matter has been dispensed with, and the reader will be spared dry and uninteresting details and valueless decisions. Among the list of contributors will be found the names of Simeon E. Baldwin, LL.D., Louis E. Binsse, Chas. Gilbert Chaddock, M.D., Andrew F. Currier, M.D., Chas. L. Danna, A.M., M.D., Geo. Ryerson Fowler, M.D., Lawrance Godkin, Allan McLane Hamilton, Wm.B. Hornblower, Charles Jewett, A.M., M.D., Philip Coombs Knapp, A.M.,M. D., Frederick R. Sturgis, Chas. K. Mills, John E. Parsons, Calvin S. Pratt, B. Sochs,M.D., Geo. De Forest Smith,M.D. He who will examine this volume will be convinced that to both the medical and legal practitioners, in the preparation of their cases, will find just such information as they need in this concise and easily accessible book. The editor has presented much experimental work and new material which is inseparable from advanced forensic medicine. This work is comprised in two large royal octavo volumes, illustrated when practical and desirable by photographic reproductions from nature, and other drawings and special diagrams. The paper, press work and binding is of the finest quality. The prices are as follows: In substantial cloth binding, per volume, $5.50; in full sheep, uniform two styles, $6.50. Sold only by subscription. The author concludes his preface in these words: It has been the aim of the editor and his associates to be as impartial as possible in their treatment of the dif-

ferent subjects, and it is expected that this work will further the rights of the people and the prisoner as well, and be in every way a safe and useful guide.

CLINICAL GYNECOLOGY, MEDICAL AND SURGICAL, FOR STUDENTS AND PRACTITIONERS. By eminent American teachers. Edited by John M. Keating. M. D., LL.D., and by Henry C. Coe, M.D., M.R.C.S. Philadelphia: J. B. Lippincott Co. 1895.

This is the latest and best contribution to gynecological science. It is written by twenty well known gynecologists from Boston, New York, Brooklyn, Philadelphia, Baltimore, Buffalo, Chicago, and Cincinnati. Its editorship was commenced by the lamented and promising Dr. Keating, who recently died of pulmonary disease in Colorado, and since has been completed by Dr. Henry C. Coe, of New York, a Cincinnatian in his early life. The introductory chapter is from the pen of Dr. Wm. Goodell, and will be read with mournful interest as the last words of a gifted teacher whose voice and pen exercised a potent influence upon the medical world for over a quarter of a century. I quote Dr. Goodelll's gynecological creed: "I believe that the physican who recognizes the complexity of woman's nervous organization and appreciates its tyranny will touch her well being at more points, and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb." This interesting chapter does not fail to express similar views of our lamented brother. This gynecological work gives clinical expositions not only of organs and tissues peculiar to the female, but likewise treats of the diseases of the female uretha, bladder, and ureters; also of the diseases of the rectum and anus, and of the female breasts. The practitioner of the present day is not only keenly alive to the fact that immense advance has been made in medicine since his student days, but is filled with the laudable ambition to keep abreast of them. To enable him to do so, information must be imparted to him in a clear, concise, and more or less dogmatic form. This is the object accomplished in the present volume, which represents the combined experience of a number of clinical teachers selected by the former editor as men who, while disposed to be conservative, were none the less progressive and free from hobbies. In view of the needs of the student and busy practitioner, especial attention is given to diagnosis and treatment. Especial care has been taken in the preparation of the illustrations, a large proportion of which have been drawn or photographed for this work under immediate supervision of the contributors. Ectopic pregnancy, now almost universally regarded as a gynecological rather than an obstretric affection, is treated by Dr. Wm. T. Lusk. The book contains nearly 1,000 pages, and is by far the leading work in the clinical gynecological field. The work is clearly printed on good paper.

MATERIA MEDICA AND THERAPEUTICS FOR PHYSICIANS AND STUDENTS. By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. 13th Edition. By Clement Biddle, M.D., Medical Corps. United States Navy. With Numerous Illustrations. Philadelphia: P. Blakiston, Son & Co., 1895. Pp. 5 to 714. Price, $4.50, net.

This is the thirteenth edition of this book. The distinguished author has been dead many years, thus showing that the volume depends upon the work of the writer and editor, and that its popularity in this respect was not solely dependent upon the individuality of Dr. Biddle while living. This work has been carried to its thirteenth edition with remarkable success. This popular book contains many additions of drugs from the United States Pharmacœpia of 1890. Londonderry and Buffalo lithia waters are added to the list of mineral waters. Under Mechanical Remedies the stomach-pump and gastric lavage are considered. The chapter on electricity has been carefully revised. The paragraph on incompatibilities has been amplified and a chapter on prescription writing inserted. The article on hydrastes is entirely new, and very interesting and instructive.

There are various changes in the book for the better. The illustrations of the book comprise, as in previous editions, representations of the most important indiginous and naturalized plants. It also contains many diagrams of instruments employed in their various uses. To give a review of this book is something like the old story of introducing a man to an audience who is better known to an audience than he is. Everybody knows Biddle's Materia Medica. It's the students' pet, and the practitioners' favorite. The work proper is increased by fifteen and the appendix by sixty pages. The appendix gives the page on which each drug is considered, its dose in apothecaries' measure, and the metric system, and the maximum quantity of the drug which may be administered in twenty-four hours. The present editor, as well as the proprietors, may rest assured that they have done their work well.

INEBRIETY OR NARCOMANIA. ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By NORMAM KERR, M.D., F.L.S. Third Edition. New York: J. Selwin Tait & Sons, 65 Fifth Avenue.

This work has been read and consulted very extensively in the interval between the appearance of the second and this edition. I am glad the third edition has appeared. The book is needed. The subject of inebriety is a very grave and serious one. No disease is more common and none so seldom or slowly recognized. No disease is more widespread. In the whole circle of even an extensive acquaintance it may happen that no member has been known to have suffered from any of the leading diseases which prevail in our country; that no one has been laid low by phthisis or by cancer. But there are very few families in the United Kingdom which have not had at least one relative who has been the subject of inebriety. How important, then, that there should be a clear understand-

ing of the real nature of inebriety. This present edition has been in a great part re-written, with the addition of 19 chapters, 317 pages. Among the new matter will be found: A study of the origin, rise and fall (in Ireland) of the modern variety of Narcomania, known as etheromania (a mania for intoxicants) by ether; a dissertation on the difficult theme of the highest importance to inebriates and their descendants.

The medical administration of alcohol; being an attempt to define the true place of alcohol in therapeutics. The results of an inquiry into the relations of insurance to inebriety. An extended consideration of the deeply interesting an important questions of the relations of inebriety to civil law; the criminal responsibility of inebriety; the remarkable evolution of an increasing recognition of inebriate brain-disease states as exempting from accountability in the person of involuntary inebriates, and a critical review of a recent statement of the existing law on intoxication as a defensive plea in criminal trials, by the Right Hon. Sir Henry James, Q.C., M.P.

Under "The Medico-Legal Relations of Inebriety," some space has been devoted to police procedure with persons found on the streets apparently drunk, though perfectly sober. There was a good many more leading points that might occupy our attention, but space forbids. The book contains over 600 pages, with a nice arrangement, the leading points put in bold, black type. The book can be recommended to the medical man as one of great usefulness.

A Manual of Bandaging, adapted for self-instruction. By C. Henri Leonard, A.M., M.D. Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology in the Detroit College of Medicine. Sixth Edition, with 139 engravings. Cloth, octavo, 189 pages. Price $1.50. The illustrated Medical Journal Co., Publishers, Detroit, Mich.

The main feature for commendation of this book over other similar works is that each illustration shows the direction of the various turns of the bandage with arrow-heads, and each turn is properly numbered; this renders the book a self-instructor to the reader of it, who has but to put the various bandages about the limbs of an office companion a few times when the "trick" of its application upon a patient has been learned. It takes the place, in this way, of hospital drill. Besides the "Roller Bandages," the various Ts "Cravats," "Slings," "Tailed," "Adhesive" and "Plaster" bandages, and "Immovable Dressings" are given. The book is divided into sections treating of "The Bandages of the Head," of "The Body," of "The Upper Extremity," of "The Lower Extremity," "Knots," "Strappings," "Compresses" and "Poultices," with full description of making and applying the same. There is an illustration for nearly every bandage described. It has been recommended as a text book in various medical colleges and hospitals in this country, and has had two additions sold abroad. A medical student could profitably spend his vacation even-

ings in mastering the application of bandages by using this book as a guide; and to a practitioner it would not come amiss.

PRACTICAL URINE-ANALYSIS AND URINARY DIAGNOSIS. By CHARLES W. PURDY, M. D. Cloth, 8vo., pp. 360. Price, $2.50. The F. A. Davis Co., Philadelphia.

The fact that this work is by the author of "Bright's Disease and Allied Affections of the Kidneys," and also of "Diabetes, its Symptoms and Treatment," is sufficient evidence of its value. It is fully up to date, and deals with urine-analysis in all its phases, simple and compound, hence is available for the chemist as well as the physician. In matters of diagnosis it is especially full. and since the publication of Bird's work there has been none in the English language that so completely fulfills the wants of the practitioner.

THE INTERNATIONAL ANNUAL of Anthony's Photographic Bulletin. Edited by Frederick J. Harrison. New York: E. & H. T. Anthony Company. Vol. VII. 1895. Pp. 352, Price, $1.25 cloth.

A beautifully printed annual on photagraphy, containing 21 full page illustrations, and a great variety of articles on all sorts of subjects relating to photography, besides numerous formulæ. We note an interesting illustrated scientific article on the timing of shutters, by James E. Boyd and Thomas E. French, of Ohio State University, a subject more apropos to hand cameras, where the speed of the shutter should be known. Charles Richard Dodge describes how to photograph by gas light. Harry W. Smith explains a novel method of making flash light silhouettes. There are also useful hints on the new printing process, a method of making collotype or photogravure prints at home, considerable information on lantern slide making, and descriptions of the best methods of development, especially with the new agent metol. The comparative illustrations of telephoto work by Professor D. L. Elmendorf demonstrate the great value of this new form of lens. Dr. Hugo Schroeder gives a few historical notes and a brief account of the recent improvements in photo lenses. It will be found to be a very readable book; the articles are short and interesting. It should be on the table or shelf of every photographer.

CATHOLIC AND PROTESTANT COUNTRIES COMPARED. By ALFRED YOUNG. 12mo, pp. 628. New York: Catholic Book Exchange. $1.

A remarkable massing of evidence tending to show that the Roman Catholic Church has everywhere fostered intelligence and morality, and constituting, in the opinion of the New York Sun, "the strongest piece of controversial literature upon the Catholic side that has been put forth in recent times." The authorities cited are either official or non-Catholic in every case, and the quotations are capable of verification. Statistics are presented from all the leading Catholic and Protestant countries.

The book is undeniably a clever literary production, and cannot fail of attracting more than common notice at the hands of the reading public and of the Argus-eyed critic; particularly at this juncture when the pre-

tensions of the Roman Catholic Church to be both the teacher and the leader of the suffering classes are being brought into so notable a prominence.

Anyway, a mere glance at its pages show that the author has gotten together a vast amount of statistical information and of quoted matter from eminent writers on the subjects treated of, with which, it is safe to say, the general reading pnblic is not familiar.

ANTISEPSIS AND ANTISEPTICS. By CHARLES MILTON BUCHANAN, M. D. With an Introduction by Prof. Augustus C. Beenays. The Terhune Co., Newark, N. J., 1895.

The first four chapters give a condensed history of antiseptics and antisepsis, from the earliest times to the present, followed in succeeding chapters by a discussion of the products of vital, cellular and bacterial energy ; infection, susceptibility and immunity ; antiseptics and their relative value and use in general medicine, surgery, obstetrics and gynæcology. The work is admirably written, and full of valuable and reliable information.

MOLLIE FANCHER, THE BROOKLYN ENIGMA. An Authentic Statement of Facts in the Life of Mary J. Fancher, the Psychological Marvel of the Nineteenth Century, including the Unimpeachable Testimony of Many Witnesses. By Judge ABRAM H. DOILEY. Illustrated by a number of Portraits. Large 12mo, extra cloth, Price, $1.50, Geo. F. Sargent, No. 814 Broadway, New York.

This relates the experiences of a most remarkable invalid that ever lived in this or any other age of the world's history. Except for the fact that the statements are substantiated beyond a doubt, it would be almost impossible to credit them, so remarkable do they seem. In reading the book one might be tempted to pass certain portions to see what follows, but will be irresistably drawn back again, and want to read every word, that nothing may be missed in the strange and remarkable story of sickness and suffering, and above all of the strange mental experiences and manifestations.

With this record before us it does not seem strange that students of psychology and mental science and the physicians have been puzzled. It seems impossible that a book could be more interesting than this, and it will surely have a very large sale. We are informed that after the first cost of publication is met the entire proceeds is to go to Miss Fancher. We would simply say to our readers procure and read this book.

HERO TALES OF IRELAND. Collected by Jeremiah Curtin. 12mo.. pp 610. Boston: Little, Brown & Co..

Mr. Jeremiah Curtin is one of the most enthusiastic workers, among our American students of folk-lore—that fascinating field which has been cultivated with much diligence in recent years. He has heretofore published several volumes devoted to this subject. Most of the tales of this new book were originally printed in the Sunday edition of the New York

Sun. Mr. Curtin collected them personally in Ireland, and he even gives the names of the individuals who related them to him. They are told in modern language, but are concerned with heroes and adventurers of an ancient epoch and have characteristics of earliest methods of story-telling. The central figures, though now represented as human, were probably in the first forms of the tales considered divine persons. In an introduction of forty pages Mr. Curtin gives with other matter some hints of the results of his eight years' investigation of the mythology of our American Indians. He makes a plea for the speedy collection of folk-lore material from all the primitive peoples of the globe. Such labor completed might reveal a "history of the human mind in a form such as few men at present even dream of." Considered simply as olden time stories, these "Hero Tales of Ireland" are very successful.

Ethics of Literature. By John A. Kersey. Octavo, pp. 572. Marion, Indiana: Published by the Author.

It can safely be said that this is one of the largest volumes of a literary nature which has come from a Hoosier pen. Mr. Kersey believes that a great many of our judgments respecting famous authors and works of literature will not stand candid examination. He is something of an iconoclast and enters the arena as a free lance against quackery, imposture and frivolity A few of his chapter headings may serve to indicate the character of his matter and style: "Religion's Obsequious Homage to Science," "Philosophic Fume, Mysticism, Eccentricity and Egotism," and "Substance of the Unsubstantial." He offers a labored criticism of books in many fields, of Butler's "Analogy of Religion," Kant's "Critique of Pure Reason," "Paradise Lost," "Natural Law in the Spiritual World," Kidd's "Social Evolution," etc., etc.

Defective Speech and Deafness. By Lillie Eginton Warren, 241 West 21st Street, New York. Price, $1.00.

This will be considered a remarkable book, because of the information given on the subjects treated of by the author, who is a most original worker and teacher, in these specialties. We know that many will be surprised to learn that those judged to be totally deaf have been taught to hear by the development of the auditory sense, as well as the deaf to articulate and talk. This is a part of Miss Warren's work and in the volume just issued she tells the reader as well as can be done in a book, something of the methods employed, as well very much about the care of the sense of hearing and the power of speech and how to improve these faculties when deficient, but not altogether wanting.

In Sunny France- By Henry Tuckley. Cloth; 16mo; 450 pages. Hunt & Eaton, New York.

This is a most readable book, being both easy and interesting, portraying present-day life in the French Republic. It presents a picture of

Gallic life, manners, customs, laws, and religion. If one has never had a desire to visit the Republic, such will be speedily stimulated by reading this delightful little work. It is almost a complete guide book to Paris, and the contrast which is drawn between this city of beauty and gaiety, and London, which is all stability and commerce, only adds to the interest every American must have in both cities. We cordially recommend the work to all.

ESSAYS AND LETTERS Selected from the Writings of John Ruskin. Edited by Mrs. Lois G. Hufford. 12mo, pp. 469. Boston- Ginn & Co. $1.50.

The works of Ruskin which are utilized by Mrs. Hufford are "Sesame and Liles," "Unto This Last," "Fors Clavigera" and "Athena, Queen of the Air." For each of these she has written a brief critical introduction and furnished a number of notes. The general introduction of about twenty pages treats of Ruskin's theories of art and of life, of his personality and career, and of his literary style. Two attractive portraits of the great writer and a view of Brantwood are the illustrations. A few bibliographical references are given, in addition to a list of Ruskin's collected works. The book is intended primarily for the educational field.

JEAN BELIN, the French Robinson Crusoe. From the French of Alfred de Brehat. 12mo, pp. 350. Boston- Lee & Shepard. $1.50.

A book which ought to fascinate all young people who enjoy "Robinson Crusoe" and "Swiss Family Robinson." "Jean Belin" is introduced as a little Paris waif. His merits win him good friends, with a company of whom he is shipwrecked upon an uninhabited part of the coast of Africa. Here many abventures befall him and all his inventive resourcess are called into service. The story is told with a French clearness and simplicity. There are twelve illustrations.

TRAINING FOR HEALTH, STRENGTH, SPEED AND AGILITY, for the Instruction of Amateurs and Others. By JOHN P. THOMPSON. $1.00. New York Excelsior Publishing House.

This work is by an accomplished amateur athlete and contains very valuable advice to all who would excel in training for general or special work. It includes in its discussion premature training, careless and excessive work. food and drink, effects of smoking; fat and its reduction, to what extent it should be done and how accomplished, and full directions as to what to do to acquire the best results in all kinds of athletic sports or work. It will also be found valuable to those who wish to work simply for health culture.

THE ARGUMENT FOR CHRISTIANITY. By GEORGE C. LORIMER, D. D. 12mo, pp. 480. Philadelphia: American Baptist Publication Society. $2.

Dr. Lorimer is among the foremost figures in the American Baptist pulpit. His contribution to the literature of Christian apologetics is based upon firmly held evangelical views, though taking account of rationalistic works in the domain of religious criticism. He presents the argument

from "History," "Christ," "Testimony," "Miracles," "Prophecy," "Humanity," "Achievement," "Concession" and "Comparison." Besides a very thorough general index, a list of scores of works quoted and a list of authors quoted are given. Dr. Lorimer's style is natural and vigorous, and he has written for the average intelligent reader.

THE POEMS OF HENRY ABBEY. 16mo, pp. 299. Kingston, N. Y.: Published by the Author. **$1.25.**

This is the third, enlarged, edition of the poems of a writer who occupies a worthy if not eminent position among our American versifiers. Mr. Abbey has a particular liking for long narrative poems of a style not now in great vogue, but welcome to the real lover of Poetry if they are well executed. He finds the sources of some of these tales in Oriental legends. Thoughtful reflection and moral meaning are prominent in most of Mr. Abbey's verses, but he writes many lines which are worth reading for their musical effect alone. His volume as a whole deserves a cordial reception. and it might be considered as a sort of protest against some of the over-refined mechanism of our modern rhymers.

THE FREE TRADE STRUGGLE IN ENGLAND. By M. M. TRUMBULL. Chicago: The Open Court Publishing Co. 1895.

This, the second edition of this little book, has been revised to keep abreast of the debates and give some additional facts bearing on the lesson to Americans, which is given them in the study of the Free Trade Struggle in England.

TRANSACTIONS of the Colorado State Medical Society. Twenty-fourth Annual Convention. By-Laws and List of Members. Denver, June, 1894. Published by the Society.

Few Societies present a handsomer volume than the present one. Carey Kennedy Fleming, M. D., is Secretary of this nicely running organization. The book is nicely bound and contains over 400 pages.

TTANSACTIONS of the Forty-ninth Annual Meeting of the Ohio State Medical Society held at Zanesville, 1894. Toledo, Ohio.

J. C. Graham, M. D., of Columbus, is Secretary of the Society. They are bound in book form and make a convenient volume.

TRANSACTIONS of the American Gynecological Society. Vol. XIX, for the year '94. Philadelphia: Wm. J. Dornan, Printer.

These transactions are exceptionally fine in many respects. They make a handsome volume. The paper is very fine and binding good. Many excellent papers are found in these transactions. Henry Clark, Col., M. D., is Secretary, 27 East Sixty-fourth St., New York.

Reprints.

On Rheumatic and Allied Affections of the Pharynx, Larynx, and Nose. By W. Freudenthal, M. D., New York. Reprinted from the Medical Record, February 16, 1895.

Twenty-Seventh Annual Session of the Mississippi State Medical Association. J. W. Gilbert, M. D., Recording Secretary.

Transactions of the Medical Society of the State of Tennessee, held in Memphis April, 1894. S. S. Crockett, M. D., Secretary.

Ripening of Immature Cataract by Direct Trituration. By Boerne Bettman, M. D., of Chicago. Reprinted from Annals of Ophthalmology and Otology, Vol. IV, No. 1. January, 1895.

Report of a Case of Pathological Separation of the Lower Epiphysis of the Femur. By A. H. Meisenbach, M. D., of St. Louis, Professor of Surgery in the Marion-Sims College of Medicine. Reprinted from Annals of Surgery, February, 1895.

Literary Notes.

Lippincott's Magazine for April, 1895.—The complete novel in the April issue of Lippincott's is "Alain of Halfdene," by Anna Robeson Brown. It is a stirring tale of the sea, pirates, rescuers, and Mt. Desert (then by no means so well known as now), in the days when Washington was President.

"At the Hop-Pole Inn," by Mrs. Poultney Bigelow, tells how curiously a near-sighted Englishman and his young wife were reconciled after a first quarrel. "The Defendant Speaks" to some purpose in a story by Genie H. Rosenfeld; result, a divorce is avoided.

Mary Dawson relates the innocent loves of a dancer, "The Butterfly," and her young man. Marjorie Richardson shows how the young woman who occupied "The House with the Paint wore off" procured its external rehabilitation.

Mme. Melba, one of the chief living attractions of the lyric stage, writes pleasantly of "Grand Opera," showing that the laborer in that highly cultivated field is worthy of his or her by no means niggardly hire.

Alvan F. Sanborn's paper on "Cheap Living in Paris" will be not only of interest, but of practical value, to many. Some of its statements may well astonish those who imagine that everything abroad is expensive.

Mary E. Stickney supplies an amusing article on "Bucolic Journalism of the West," with specimens. "Hiram Powers in Washington" gives an unfamiliar bit of art history, in three letters from the sculptor, written in 1835, when first emerging from obscurity into fame, and getting no help from Webster and Everett.

"Woman's Lot in Persia" is described at length by Wolf von Schierbrann. Lee J. Vance writes of the "Evolution of Table Manners," and J. W. Abernethy of "The Womanliness of Literary Women."

The Poetry of the number is by M. S. Paden, Champion Bissell, Chas. G. D. Roberts, and Robert Beverly Hale.

THE POPULAR SCIENCE MONTHLY FOR APRIL, 1895.—The study of mind, perhaps the most facinating branch of science, receives much attention in the April Popular Science Monthly. Prof. M. Allen Starr, M. D., of the College of Physicians and Surgeons, New York, opens the number with an account of Some Curiosities of Thinking. His case includes persons with various strange hallucinations, and some with a single curiously defective or greatly superior faculty. Prof. Sully's paper on Later Progress in Language—the seventh of his Studies of Childhood—gives insight into mental action from another point of view. Reuben P. Halleck discusses The Personal Equation in Human Truth, showing that our thinking and consequently our speaking are tinged by the prevailing ideas in our minds. Communicated Insanity is discussed by Charles W. Pilgrim, M. D. Garrett P, Serviss continues his illustrated talks about the constellations, with an account of Virgo and her Neighbors. In The Successor of the Railway the extent to which the trolley road may compete with the steam line is shown by Appleton Morgan. An illustrated article describing Some of the "Outliers" among Birds, curious either in plumage or habits, is contributed by Dr. R. W. Shufeldt. C. H. Henderson presents a stirring plea for Manual Training because of the increased intellectual power which is the necessary physiological result of such training. Certain Animals that live in Caves are described by E. A. Martel. A timely article is The Shad's Annual Pilgrimage, by A. H. Gouraud. The subject of the usual Sketch and Portrait is Prof. Lardner Vanuxem. In the Editor's Table the improved relations of science and religion are pointed out, and attention is called to the lack of nervous control that characterizes modern life.

New York: D. Appleton & Company. Fifty cents a number, $5.00 a year.

The March issues of Littell's Living Age give 315 pages of the choicest periodical literature printed in the English language. In all, these five weekly numbers contain thirty-six articles, of which, perhaps, the most valuable are "The Court of Ferrara in the Fifteenth Century," translated from the Italian of the Conte Gandini, by Miss H. Zimmern; "Single Chamber Democrats," by R. Wallace, M. P.; "Erasmus and the Reformation," by J. C. Bailey; "The Evolution of Cities," by Elisee Reclus; "Rural Scotland in First Half of last Century," by H. Grey Graham; "A Visit to Dashur," by Amy Strachey; "Mr. Balfour's Foundation of Belief," by Benjamin Kidd; "An Unpublished Page in Madagascar History," by Alice Zimmern; "Gen'l Boulanger: An Object Lesson in French Politics"; and the concluding paper on "The Crimea in 1854 and 1894," by General Sir Evelyn Wood, G. C. B., V. C.

The fiction, consisting of a complete story in each number, includes "Only Kitty," by L. B. Walford; "A Curious Lottery," by Rye Owen;

"The Girl who Believed in the Saints," by L. Dougall; and "Honnie, A Study of Irish Peasant Life," and "Bringing Down the House."

Each issue contains the usual page of Poetry, by such writers as Wm. Watson, A. St. John Adcock, Violet Fane, E. J. Reed, E. Blair Oliphant, Evelyn Martinengo Cesaresco, etc., etc.

In the after treatment of a case where an "Operation for the Relief of an Impermeable Occlusion of the Œsophagus of Five Years Standing" had been performed, which operation was reported at length in the N. Y. Medical Journal of March 23d, 1895, Dr. Augustus Bernays, A. M., M. D., Heidelberg, M. R. C. S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says:

"The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to allay the extreme nervousness and irritability, antikamnia was given and it acted promptly and satisfactorily in every instance."

Of the further history of the case it may be stated that on the seventh day after operation, the patient took into her stomach, through the natural channel the first food which had passed it in five years; and that in two months convalescence was regarded as fully established.

A Substitute for Morphia.

Silas T. Yount, Professor Nervous and Mental Diseases, Clinical College of Medicine and Specialty Hospital; Professor Nervous Diseases, Chicago Post Graduate Medical School, &c., writes:

"Febrinol (Fuller & Fuller Co.) is a safe and perfect substitute for Morphia. In the distress occasioned by LaGrippe it is particularly useful, relieving the pain at once, keeping the patient comfortable and shortening the attack. No "Drug Habit" or bad effects follow its use.

In Neuralgia, Rheumatism, Dysmenorrhœa and all painful nervous conditions, Febrinol gives more and quicker relief than any other remedy."

Tonic and Alterative in Nervous Dyspepsia.

Stearns' Cascara Aromatic,	2 fl. oz.
Fluid Extract Belladonna Root	1 fl. dr.
Fluid Extract Nux Vomica,	1 fl. dr.
Fowler's Solution,	1 fl. dr.
Simple Elixir. q. s.	4 fl. oz.

Mix. Sig.- one-half to one teaspoonful.

This is a valuable tonic and alterative in nervous dyspepsia and constipation. Also in constipation due to lack of muscular tone in the walls of the intestines.

A Substitute for Cod Liver Oil.

In an article on the subject of Cod Liver Oil, which appeared in the Pharmaceutical Era for November, 1894, the author says :

"I find in my field of work that, at a conservative estimate, fully 98 per cent. of the physicians that I have interviewed on the subject of Cod Liver Oil claim that it produces digestive disturbances in from 60 to 80 per cent. of the cases which require its use-"

Such a statement will not surprise those physicians who still cling to the use of this disagreeable drug. Cod Liver Oil is a relic of the days of powdered lizards and snakes' eyes. It has retained its hold on the profession for the reason that an occasional patient is blessed with a stomach strong enough to tolerate its nauseating flavor ; and under such conditions it is undeniably a fattening food. Increase of weight, however, is gained at a frightful expense when the health of the digestive organs has got to be sacrificed.

Starch is Nature's source of fat. Free oils were never designed for human food: Therefore, if you would fatten up your thin, anæmic patients, prescribe a hearty diet of starchy foods ; and if they don't digest articles of this character to advantage, then give them Paskola, which is an artificially digested starch, and which, by virtue of the presence in it of a small proportion of hydrochloric acid and meat-digesting ferments, aids the digestion of other foods in the stomach.

The manufacturers are anxious that the profession should become familiar with their product from actual experience, and therefore liberally offer to send a supply, express prepaid, to any physician who may request it.

Stearns' Cascara Aromatic is an aromatic sweetened fluid extract of Cascara Sagrada, and is applicable in all cases where regular Cascara is indicated. As a palatable preparation. it is far superior to Cascara Cordial and similar preparations, and has the additional advantage of being concentrated, and may therefore be administered in correspondingly smaller doses. Recent investigations of Cascara have shown the bitter principle to be devoid of laxative or desirable therapeutic properties, and taking advantage of these facts Cascara Aromatic was prepared by a suitable process which eliminates the bitter principle entirely. The bitter is not merely masked, but is removed entirely. The resulting product is a valuable remedy in chronic constipation and dyspepsia, and indigestion accompanied by constipation. It increases intestinal peristaltic action and stimulates the hepatic and other secretions of the alimentary canal. In constipation it should be used in carefully graduated doses, sufficient to move the bowels in a natural manner, but not sufficient to purge, as catharis is not desirable. Its use should be persisted in so as to give the organs time o resume their natural functions with vigor and regularity.

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

The Virginia Pharmacal Co.

Manufacturing Chemists and Pharmacists,

RICHMOND, VA., U. S. A.

Trade Supplied by

BURWELL & DUNN, Charlotte, N. C.

At Manufacturers' Prices and Discounts.

Mention Charlotte Medical Journal.

The American Academy of Medicine.

The twentieth Annual Meeting of the American Academy of Medicine will be held in one of the buildings of the Johns Hopkins University, Baltimore, on Saturday, May 4th and on Monday, May 6th, 1895. The "Headquarters" of the Fellows of the Academy and the meetings of the Council will be at the "Stafford."

The meeting will open at ten o'clock on Saturday morning with an executive session of the Fellows of the Academy exclusively; the reading of the papers will begin at about eleven. The morning session will close at one o'clock, and the session of Saturday afternoon will extend from three to six. The "Reunion Session" will be held on Saturday evening. By a standing rule the price of the tickets for the supper is fixed at two dollars. Attendance at the reunion session is not confined to the fellows exclusively, hence any member may bring friends with him by arranging for their tickets with the committee. For the past two years ladies have been present at this session and have added to the enjoyment. The session of Monday will begin with a short executive meeting, after which the reading of papers will be resumed; after a recess at one, the afternoon session will begin at three and continue until adjournment.

Members of the profession, and others who may be interested in the topics treated by the papers, are cordially invited to attend the open sessions of the Academy.

The following are the titles of the papers that have been promised:

1 The address of the retiring president, J. McFadden Gaston, Atlanta, Ga.

2. "Expert Testimony," Henry Leffmann, Philadelphia.

3. "Hospital Management," W. L. Estes, South Bethlehem, Pa.

4. "The Proper Teaching of Physiology in the Public Schools as a Means of Preventing Intemperance and Venereal Disease," De Lancey Rochester, Buffalo, N. Y.

5. "The Problem of Dependency as Influenced by the Chinese in America," W. F. Southard, San Francisco.

6. "What Agencies Conspire to Check Development in the Minds of Children," J. Madison Taylor, Philadelphia.

7. "How to Avoid the Dispensary Abuse?" Emma B. Culbertson, Boston.

8. "Contract Medical Work and Fees," Charles P. Knapp, Wyoming, Pa.

9. "What shall we do with our Alcoholic Inebriate?" J. W. Grosvenor, Buffalo, N. Y.

10. "Life Insurance in its Relation to one of the Dependent Classes," E. O. Bardwell, Emporium, Pa.

11. "Some Results of Competitive Medical Charity," George M. Gould, Philadelphia, Pa.

12. "Criminal Anthropology," E. V. Stoddard, Rochester, N. Y.

13. Title to be announced, Leartus Connor, Detroit, Mich.

14. "The Increase of Insanity," Gershom H. Hill, Independence, Ia.

15. "A Perfect Consultation," L. Duncan Bulklay, New York.

16. "An Analysis of the Reports of the Examinations by the State Boards of Medical Examiners," Perry H. Millard, St. Paul, Miss.

17. "The Limits of a Physician's Duty to the Dependent Classes," James W. Walk, Philadelphia.

18. "The Economic Aspect of American Charities," Bayard Holmes, Chicago.

19. "Is our Financial Relation to our Patients and Community the best Possible," Woods Hutchinson, Des Moines, Iowa.

Partial promises have been made for several additional papers; it is hoped that these can be definitely mentioned when the completed program is issued.

Members preparing papers are urged to send a copy of the paper, or an abstract, to the Secretary as soon as possible, in order that time may be given him to prepare the press reports. If others than those mentioned, contemplate the preparation of papers, information should at once be sent to the Secretary, as the completed program must be issued early in April.

Exalgin as an Analgesic.

In an editorial (*La Medecine*, October 20, 1894,) the therapeutic use of Exalgin, from the point of view of the literature of the subject so far published, is discussed. The concensus of opinion in regard to the analgesic properties of Exalgin seems to be one. All painful manifestations, it is asserted, are justifiably treated with this drug. The experience of a large number of writers shows that the medicament is the remedy *par excellence* in the treatment of neuralgia, whether this disease be the result of simple nerve irritation or whether it be due to a true neuritis. For example, a neuralgia dependent on dental caries, or due to cold; a sciatic neuralgia; an intercostal neuralgia; a sciatic neuralgia due to a true neutri tis; neuralgia due to rheumatism, chlorosis, syphilis, cancer, or ataxia; in all and in each case Exalgin produces its curative effects. Again, in many cases of visceral pains, in cardialgias, ovarialgias, in menstrual or nephritic colic, etc., Exalgin often cures and generally produces a marked sedation. In one word, Exalgin may be considered as the prince of analgesic medicaments, its employment being indicated in all cases where pain is a prominent symptom. Given in solution or in the form of compressed tablets, Exalgin never causes untoward effects, these following only an impure preparation.—*Therapeutic Gazette.*

Firwein

(A Balsam of Fir Wine with Iodide, Bromine and Phosphorus

TILDEN'S.

In Chronic Bronchitis and Incipient Phthisis, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, **Firwein** does not impair, but instead, strengthens and improves digestion and assimilation; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

In Chronic Cystitis, **Firwein** may be regarded as almost a specific. No class of ailments gives the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of **Firwein** for the rest of your life, and your patients will rise up and call you blessed.

In Nasal, Pharyngeal and Laryngeal Catarrh, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it!

DOSE. One to two teaspoonsful 3 to 6 times daily. *For Spraying*—add one part of vaseline or petrolatum oil, to three parts of Firwein and use warm. *For persistent Coughs*—One dram Opii. Deod. to 4 ounces of Firwein.

A full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50c. to pay carriage.

PREPARED ONLY BY **THE TILDEN CO., New Lebanon, N. Y.**

418 Norfh Third Sfreet, ST. LOUIS, MO.

Calisaya Cordial

TILDEN'S.

A PLEASANT and agreeable tonic and appetizer. Efficient in all cases of debility from exhausting and protracted diseases; frail and broken down conditions of the system from obscure causes, especially functional disturbances of the reproductive organs in females; weak and imperfect digestion and assimilation, nervous debility, mental exhaustion and in all low atonic conditions of the system.

EFFECTIVE, PLEASANT, AGREEABLE AND ECONOMICAL.

FORMULA.

EACH FLUID DRACHM CONTAINS:

Calisaya True	5 grs.
Pepsin Sac	3 "
Erythrox. Coca.	
Iron Pyrophos.	
Viburnum.....a. a.	1 "
Gentian	2 "
Strychnia Sul	1-100 "

With Vegetable Aromatics.

TRUE TONIC, SPLENDID APPETIZER, RELIABLE STOMACHIC.

Please observe the strength and perfection of the above formula. Do not confound TILDEN'S Calisaya Cordial with other preparations of this class.

A Full Pint Bottle will be sent to any Physician as a Sample, free of charge on receipt of 50 cents to pay expressage.

PREPARED ONLY BY **THE TILDEN CO**, NEW LEBANON, N. Y.

418 N. 3rd St., ST. LOUIS, MO.

Quinalgen==Dr. Vis.

Manufactured by DAHL & CO., Barmen, Germany

A new remedy for Rheumatism, Neuralgia, Sciatica, Asthma, Hay Fever, and applicable in all cases where pain of a Neuralgic character is a prominent factor.

Quinalgen belongs to that exceedingly interesting group of remedies which chemical science has evolved in recent years from COAL PRODUCTS. It is a derivative of the QUINOLINE GROUP, and is, therefore, an anologue of PHENACETINE and ANTIFEBRINE, but has marked and highly important advantages of them, they being derived from the BENZINE GROUP. All derivatives of the BENZINE RING have decidedly depressing effects upon the heart's action and the nerve centres.

Quinalgen is almost entirely free from these disadvantages, while its physiological effects are similar to those of QUINOLINE, to which group it belongs. Its therapeutic action is, therefore, restorative and tonic to the nervous system instead of depressing and exhausting.

Quinalgen was discovered and brought to the notice of the profession by Dr. VIS, of Germany, three years ago. It was first tried for Fever, Neuralgia, etc., in the University of Freiburg by Dr. Baumler. Subsequently Dr. Goliner, of Urfurt, Dr. Treupel, of Breslau, and many other distinguished German practitioners gave it extensive trial, and the consensus of their opinion is that QUINALGEN marks a decided advance in the therapeutic agents that are available in the treatment of Fever, Headache, Neuralgia, the pain of Rheumatism, Sciatica, etc.

S. A. RICKARD, of Saratoga Springs, N. Y., is the Sole Agent for the U. S. and will be glad to send literature with full directions for use, to any physician on application. Price $1.00 per oz. Give it a trial.

FREDERICK STEARNS & CO.'S
PREPARATIONS
of KOLA

Preparations of the Fresh (Undried) Nut.

KOLAVIN A delicious wine, each tablespoonful representing 30 grains of the fresh (undried) Kola nuts. In full pints.

KOLABON Elegant confections or bonbons, each representing 10 grains of fresh (undried) Kola.

FLUID KOLA A concentrated liquid extract, each minim representing one grain of fresh (undried) Kola.

Preparations of the Dried Nut.

STEARNS' KOLA CORDIAL. (THE ORIGINAL.)

A delicious cordial, each teaspoonful representing 15 grains of dried Kola. In 12 ounce bottles.

OUR CLAIMS ON KOLA.

1. We introduced Kola commercially in America in 1881 (see New Idea, March, 1881.)
2. We introduced the first palatable preparation of Kola in the form of Stearns' Kola Cordial in 1893.
3. We originated the first and only preparation of fresh (undried) Kola in 1894, when Kolavin was introduced.
4. We to-day are the only importers of fresh (undried) Kola from Africa.
5. We have done more scientific work on Kola than any other American house. (See our 80 page monograph issued last year, 1894).
6. We have done more by liberal advertising in the pharmaceutical and medical press to call Kola to the attention of these professions than all other houses combined.

THEREFORE we consider ourselves headquarters for Kola and its preparations, and believe the professions will endorse our position.

FREDERICK STEARNS & CO.,

(The Introducers of Kola in America.)

Manufacturing Pharmacists, - - DETROIT, MICH.

Windsor, Ont. - - London, Eng. - - New York.

On the Action of Lævulose (Diabetin) and of Inulin in Diabetes Mellitus.

In three cases of diabetes-mellitus, Dr. Haycraft administered lævulose as carbohydrate food. The patients were put upon a fixed diet in which carbohydrates were, as far as possible, eliminated from the nourishment; the sugar contents of the urine were estimated exactly. For alternating periods of three days, 50 grammes lævulose were given daily in six portions. The quantity of sugar eliminated was determined by means of Fehling's solution and the polariscope.

In the first of the three cases—a case of acute diabetes—the average increase of sugar excreted in the urine during administration of lævulose was 106 grammes in a period of three days. Within this period the patient had taken 165 grammes lævulose in three portions; of this, 9 grammes or 5 per cent. was excreted as lævulose; 97 grammes or 59 per cent. eliminated as glucose; and 59 grammes or 37 per cent. was stored up in the organism. Analogous results were obtained in a second case of acute diabetes. In a third case, one of chronic diabetes in an elderly person all the lævulose administered was economised in the system, and no increase in the amount of glucose was observed.

Experiments on rabbits proved that glycogen may be formed from lævulose. No food was given to a rabbit for a period of six days, as one may assume that after this interval all the glycogen in the liver has disappeared. Thereupon a solution containing 10 grammes lævulose was injected into the stomach of the animal. four hours later the animal was killed and a large quantity of glycogen found in the liver. This experiment was repeated on four other rabbits from which food was withdrawn for a period of seven days. Two of them were at once killed, whilst to each of the other animals 15 grammes lævulose was administered, and and four hours after both were killed. In the liver of the first two rabbits no glycogen was found, whilst in the liver of the other two animals glycogen was present.

From the above clinical observations and biological experiments the author came to the following coficlusions:

1. A patient suffering from chronic diabetes is capable of assimilating daily 50 grammes or more of lævulose.

2. In many acute cases of diabetes a part of the lævulose contained in the food is excreted as such, a part enters into the economy, and a part is converted into glucose.

3. In rabbits, glycogen is formed from lævulose administered and accumulated in the liver.

Dr. Hall White has carefully examined the action of lævulose and of inulin in the cases of eight diabetic patients. Lævulose was given in the

form of Schering's preparation, and inulin as prepared from dahlia tubers. The author arrived at the following conclusions:

1. If large quantities of lævulose are administered, part of the same appears in the urine.

2. In none of the cases did lævulose exert any deleterious action such as is frequently observed with ordinary carbohydrates, namely, the excretion of sugar in excess of the amount taken.

3. If lævulose is administered, the excretion of sugar is generally slightly increased, but in some cases even a decrease may occur.

4. In most cases much less sugar appears in the urine after administration of lævulose than would have been the case if the original sugar excretion had remained stationary, and all the lævulose had presented itself in the urine. This result appears to indicate that a part of the lævulose is in these cases retained and assimilated in the organism.

5. There is ground for the assumption that the larger the consumption of lævulose the greater the decrease of sugar in the urine.

6. Whilst it is evident from some of these cases that a greater economy is effected with lævulose than with dextrose, in none of them is there evidence to the contrary, namely, that dextrose is better assimilated in the organism than lævulose.

7. No retrogression was observed in any of the patients to whom lævulose was administered, but on the contrary the general condition improved, and body weight increased.

8. It is probable that a moderate quantity of dahlia tubers partaken of as vegetables by diabetic patients would do no harm.

9. The influence of lævulose upon the excretion of urea is inconsiderable.

10. The quantity of urine after administration of lævulose varies with the quantity of sugar excreted.

Improvement in Nasal Inhalers.

Dr. George A. Thomson, of Chicago, reports that "the pyrozone inhaler permits of douching the nostrils thoroughly with pyrozone 3 per cent. solution, or other fluids with scarcely any effort by the user, and with less liability of forcing fluid into the lustachian tubes than there has been with the old methods. The instrument is clean, convenient and inexpensive."

"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinson's Wine Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful assay.

Gardner's

Syrup of Hydriodic Acid:

Introduced 1878. The original Syrup which has given Hydriodic its reputation. Sixteen years in use as an unequaled Alterative, Resolvent and Antiseptic. Perfect substitute for Iodide of Potassium.

Received Medal and Diploma,

Only Award granted Syrup Hydriodic Acid at World's Fair, 1893.

Send for Literature.

Mailed without charge, to Physicians only.

☞ Specify **Gardner's.** Take no substitutes.

Gardner's

CHEMICALLY PURE HYPOPHOSPHITE SYRUPS.

Syr. Hypophos. Soda. Syr. Hypophos. Potass.
Syr. Hypophos. Lime. Syr. Hypophos. Manganese.
Syr. Hypophos. Iron. Elix. Hypophos. Quinine. (Soluble.)

Prescribe the truly indicated salt only.
Avoid contra-indicated and antagonistic bases.
Scientific methods and pure remedies will give you BEST RESULTS.
Literature to Physicians only, without charge.

☞ Specify **Gardner's.** Take no substitutes.

R. W. GARDNER, Pharmaceutical Chemist,
158 William Street, New York.

The Real Value of the Medical Peroxide of Hydrogen Preparations Found in the Market.

By H. ENDEMANN, Ph.D., Chemist, formerly Associate Chemist to the New York City Board of Health.

Abstract from the Times and Register of Philadelphia, Pa., December 15th, 1894:

In this valuable article, the writer states, that a standard solution of medicinal H_2O_2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.

2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c.c., and not more than 3 c.c., of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

3. It should not contain any soluble baryta salts.

4. It must be free from sediment.

The different brands which he found on the market, being submitted to the above tests gave the following results:

BRANDS OF H_2O_2 SOLUTIONS.	Volume of Available Oxygen determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 C. C. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide.
No. 1. John Bene's H_2O_2 (Medicinal)	10.50	0.1886	2.19	None
No. 2. Hydrozone	27.35	0.2180	3.11	"
No. 3. Larkin & Scheffer's H_2O_2 (Medicinal)	9.65	0.1206	6.75	"
No. 4. Mallinckrodt's " "	9.55	0.1408	1.43	"
No. 5. Marchand's " "	16.55	0.564	1.29	"
No. 6. McKesson & Robbins' " "	10.95	0.0540	0.44	"
No. 7. Merck & Co.'s " "	0.50	0.2418	4.57	"
No. 8. Oakland Chemical Co.'s " "	10.50	0.0382	0.34	0.0017
No. 9. Peuchot's " "	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's " "	8.40	0.0830	2.03	None
No. 11. Pyrozone, 3 per cent. " "	11.20	0.0534	0.76	"
No. 12. Rosengarten & Son's " "	3.10	0.1002	0.25	"
No. 13. Smith, Kline & French Co.'s " "	6.15	0.0880	2.6	"
No. 14. E. R. Squibb's " "	12.40	1.004	12.04	"

By referring to this table, it is easily noticed, that brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which

may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 12, which is sold as a ten volume solution, is really twelve volumes, but it is too acid.

Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About 10 per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.; Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary they run from 35 to 55 per cent. below.

"This is to certify that we have for some months past used and recommended Pasteurine, and have been very much pleased with it as an antiseptic and deodorant.

J. K. & W. K. Bauduy,
No. 2808 Olive St., St. Louis, Mo.

"I have used Pasteurine in many cases of throat and nose diseases and have found the greatest satisfaction from its use. In general practice about the sick room it fully accomplishes all that is claimed for it.

Louis C. Boisliniere, Jr., M. D., St. Louis.

"I am using your admirable preparation of Pasteurine in all Catarrhal Conditions of the body wherever seated, and find that it has properties combining the principles of anticeptism, and a most agreeable remedy to use as a detergent in varying proportions. It is in the practice of gynecology that I employ it particularly as an application, pure, on absorbent cotton to eroded, lacerated cervices, and as a douche generally. It is all that is claimed of it, and I shall continue its use and direct the attention of my class to its merits."

C. H. Powell, A. M., M. D.,
Professor Physical Diagnosis and Clinical Medicine,
Barne's Medical College, St. Louis.

Enuresis Nocturna.

Dr. F. Clark of Boston, Mass., writing says: "I have used Sanmetto with good results in bladder, kidney and urinary troubles. I had a man come to me from Philadelphia, Pa., who had been troubled from an infant up to the age of twenty four years with nocturnal incontinence of urine—wetting the bed about every night. I used three bottles of Sanmetto on him, and found it made a thorough cure. He can go to bed at eight o'clock and sleep until eight the next morning without urinating. I recommend with all honesty, to the suffering, and to the profession the great cure—Sanmetto."

Does Your Boy Need Britannica?

Youth

It is the Formative period. It is then that the mind is freest from care, the imagination unhampered, the memory most retentive, the eye brightest, and the nature most susceptible. What a boy reads in this period becomes so indelibly impressed upon his nature that it becomes a part of his very character.

This is a time when a parent's responsibility is greatest. It is not enough to tell the boy what he ought to become. Most boys are not overly susceptible to didactic teaching. You can usually lead him a mile easier than you can drive him a rod. See that he has the proper surroundings, and a little encouragement, and it is surprising how readily he develops a taste for the best in literature. Let that taste be developed, and there is little danger as to his future.

It was

Dr. Philips Brooks

Who said; "Show me what books a boy reads, and I will read you his destiny."

How important it is, then, that your home should be provided with books of the highest character.

Fairy tales, and even, perhaps, "Buffalo Bill" stories, have their place as developers of a taste for reading, a sort of literary milk, as it were, but unless the boy soon shows a preference for the stronger meat of practical knowledge, history, travel, etc., you may be sure that he is mentally unsound, or that there has been something radically wrong in his education.

The Encyclopedia Britannica has rightly been termed "the concentrated essence of the whole world's wisdom." Let your boy read its interesting pages, and he will soon look with disdain upon "flashy" literature. We are continually underestimating a boy's capacity for large ideas. There is nothing so attractive as truth. Give him the material out of which to construct large ideas. Put Britannica in the home, where he can consult it continually, and as he attains manhood he will find no place in literary or professional life to which he may not aspire.

Seize the present opportunity to provide a proper library for your home. It requires an investment of but Ten Cents a day, if you order from THE CHARLOTTE OBSERVER while it may be had at introductory prices.

B G

Visceral Steatosis.

Reporting cases treated with Poke berry.

In the summer of '94, having a case of emphysema in a very corpulent subject, to whom I had been giving Morphine and Digitalis with some relief, I concluded to try the poke-berry and see if it reduced the amount of superabundant fat upon the pathological condition present. The following is a true report of the case:

In May, T. S. B., aet. 48, native, came and complained of the usual symptoms of emphysema and cardiac weakness. Treatment: Morphine Sulphate, gr. ⅛, three or four times a day. Result: Some relief, but not satisfactory to patient, who still complained. His weight was at this time 236 pounds. In early July I put him on Phytoline, M x, half hour before and one hour after meals. In three weeks he experienced much relief from the shortness of breath, and had lost in weight ten pounds. Then I weaned him away from the Morphine and stopped the Digitalis, but continued with the Phytoline. In six weeks he had lost thirty pounds, and had no aggravation of the emphysematous symptoms; in fact, he said that he hardly had any trouble at all, and although his breathing was a little short, the distress had entirely disappeared. In three months the weight was 180 pounds, and in October the Phytoline was rapidly increased until a week later the remedy was entirely discontinued. His weight to date remains the same (180 pounds), and no recurrence of emphysematous or cardiac trouble has taken place.—*Extract from an article by W. W. Baxter, M. D.*

Schering's Glycero-Phosphates.

The dose of Glycero-Phosphate of Lime is 15 to 45 grains per day for adults. Glycero-Phosphate of Lime and Glycero-Phosphate of Iron in combination have given excellent results in the treatment of scrofula in children. Both salts can be dissolved in lukewarm milk. Hot milk or hot liquids should not be used. The preparations can also be given in powder form.

The solutions of the Glycero-Phosphate of Lime in the proportion of 1 to 30 are sometimes incomplete. The addition of Citric Acid one-tenth the quantity of salt, facilitates the solution and promptly renders the mixture limpid.

The Calcium Salt is especially indicated for administration by mouth, while the Sodium and Potassium Salts, which are of a syrupy consistency and soluble in every proportion of water, are better for hypodermic injections.

The watery solutions of all the Glycero-Phosphates are not staple, but decompose in a short time.

Phenocoll in the Treatment of Malaria.

By Dr. MICHELE TITONE, Palermo University.

In a resume of an article in the Riforma Medica, on the beneficial effects of phenocoll in the treatment of malaria, the author summarises his experiences as follows:

"The remedial value of phenocoll hydrochloride in malaria has been clearly proved. The investigation published by Albertoni, Ancona, Crescianno, Vincenzi, Cervello, Bonetti, Micheli, and others, have established it beyond a doubt. I myself, after having read the statements of Professor Albertoni, tried Phenocoll in malaria, for which I had good opportunities, as the marsh fever was very general in this neighborhood. I can only corroborate the statement that Phenocoll Hydrochloride is an excellent succedaneum for quinine. I have observed cases in which quinine was prescribed in large doses, and under strict maintenance of recognized rules, without any improvement whatever being effected, whilst on the other hand, even a small dose of Phenocoll sufficed to overcome the fever.

"I had originally intended to add my modest tribute to the excellent action of the new remedy, but I abstained from going into details, as my practical experience and conclusions fully coincide with those of my colleagues, and would therefore be superfluous.

"At the same time, I would especially make known that my observations on the administration of Phenocoll to patients in a pregnant condition have been of a most satisfactory character, and the treatment has furnished most favorable results."

Kola is both a necessity and a luxury to the inhabitants of a large portion of Equatorial Africa, where the fresh seed is employed as a masticatory with a view to overcome fatigue, hunger and thirst. The main reason why it has not obtained the position it deserves in this country as a tonic stimulant, is that it has usually heretofore been imported in a dried condition. F. Stearns & Co., of Detroit, Mich., are the first to prepare a preparation made from the fresh (undried) Kola nuts, and offer "Kolavin," a delicious tonic wine and powerful cerebro spinal stimulant. This retains undiminished the same peculiar properties possessed by the fresh Kola nuts, and physicians desiring to test this new product can easily obtain samples for clinical experiments by making application for same.

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LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

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The Antitoxine Treatment of Diphtheria.

The literature of the antitoxine treatment of diphtheria continues to grow apace, and the rapid extension which its employment finds in all parts of this country, as well as abroad, testify to its therapeutical value. It is to be regretted, therefore, that the introduction of the crude serum has, in the desire to meet the sudden demand created, been so far admitted into general practice.

The constant differences in strength, presence of noxious albuminoidal bodies, and other drawbacks, have given rise to complaints of inefficacy, occurrence of secondary effects and sequelæ, and even deaths; and although these may not destroy confidence in the remedy altogether, the use of such uncertain preparations tends to create confusion, and has already given rise to personal recriminations in the medical papers.

It is hoped that the representative committee selected by the Clinical Society to investigate these matters will make suggestions confining the preparation of the antitoxine to properly qualified hands. At this juncture it cannot be too emphatically pointed out, once more, that antitoxine and serum are not synonymous terms; but that Dr. Aronson's antitoxine, with which the first results were obtained, and to which the earlier literature entirely refers, consists of the antitoxic principle isolated and separated from inert and noxious albuminoid constituents of the serum. The supply of Dr. Aronson's antitoxine is now restored, and will be continued without interruption, and that it possesses all its old qualities of great concentration and freedom from secondary effects or sequelæ, is evident from the following case published in the British Medical Journal last week:

The patient, aged 26 years, was admitted to the Carlisle Fever Hospital on the second day of illness, with symptoms of diphtheria fully developed. On the next and following mornings fifteen minims of Dr. Aronson's antitoxine was injected; it is noteworthy that each injection was followed by an initial fall of temperature, succeeded by a moderate rise toward evening. Already, on the second day of treatment, the patches began to disappear, and the albuminuria that was present prior to the first injection disappeared after the injection, though it recurred for a for a short time after ten days.

Another most important point in connection with the preparation is its keeping qualities. Practical trial has shown that Dr. Aronson's antitoxine will keep at least six months without any deterioration, and it is free from the objection urged against the addition of carbolic acid to the injections, as the preservative agent is the harmless Trickresol.—*The Therapist.*

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"During the menstrual period, iodoform and viburnum, of each four grains daily, will give great relief. As soon as the flow ceases, inject a few drops of the Europhen and Petrolatum well up to the fundus uteri, pressing the piston of the syringe until the fluid begins to ooze from the os. Repeat this every third or fourth day until the next menstruation occurs. This will be painless; the periuterine deposits of lymph will be well on the way to absorption, and the nest of micro-organisms occupying the uterine cavity will be extinguished. This treatment is contraindicated only in the case of eczematous persons by whom iodine and its derivatives are not well tolerated and irritation is likely to result.

Dr. E. P. Hershey, who is Professor of Clinical Medicine at the Gross Medical College of Denver, Col., and also one of the physicians at St. Anthony's, the largest hospital at Denver, in his lecture to his class on Scarlet Fever, said that the most important thing was keeping clean, and in an anticeptic condition the mouth, nose and upper air passages, and that for this purpose he knew nothing better than Pasteurine, which he says he likes better than Listerine, which he formerly used, because it is a more powerful antiseptic, has such a pleasant odor and taste, and costs less.—*Gross Medical College Bulletin.*

Schering & Glatz, importers of drugs and chemicals, of New York, inform us that after April 1st that their price on Diphtheria Antitoxin–Schering (Aronson's), will be reduced to $1.50 per 5 ccm. vial, which includes packing, postage and insurance or expressage to all parts of the United States and Canada.

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In an excellent article in the New York Medical Journal, March 2d, 1895, on "Insomnia and Surgery," Dr. G. G. Van Schaick also assigns an important place to Trional in the treatment of this condition, and concludes as follows: 1. That insomnia from whatever cause is an important complication of surgical disorders. 2. Its relief is necessary to the comfort of the patients, improves the prognosis and materially assists recovery after operation. 3. Where pain is the chief factor, morphine is the only drug that will relieve with certainty. 4. There are many surgical disorders in which insomnia may be relieved by Trional; and finally, (5) Trional is an excellent drug for the purpose, as it acts rapidly and safely, has no inhibitory action upon the secretions, seems to possess a stimulating effect, is well borne by the stomach, is easily absorbed by rectum, and fails to produce unpleasant after-effects.

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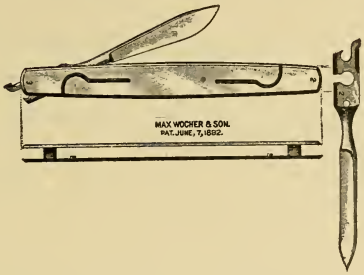

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Mix. Sig.: A teaspoonful after meals.

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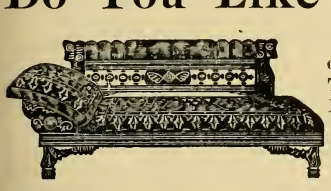

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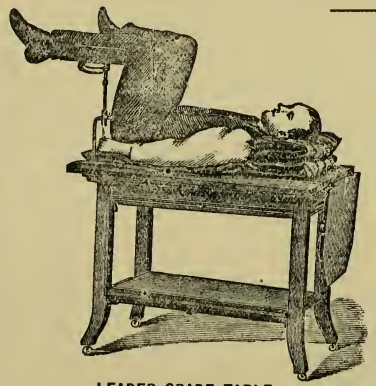

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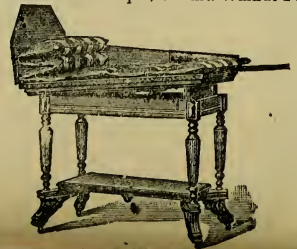

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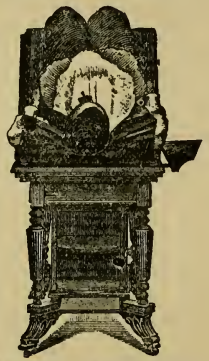

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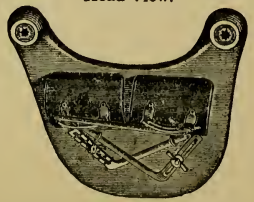

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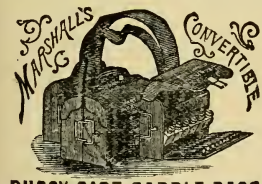

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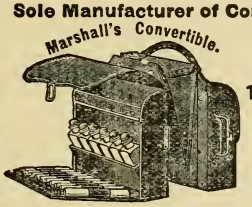

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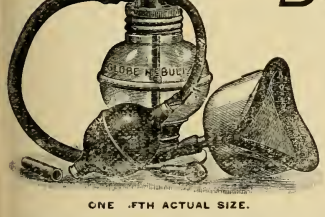

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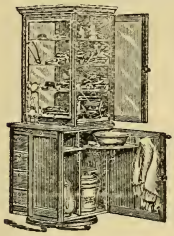

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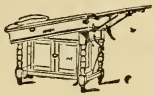

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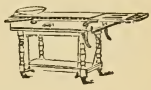

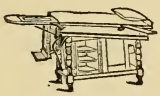

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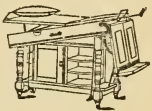

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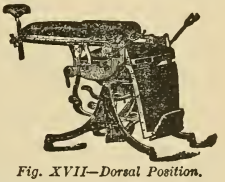

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Tablets of IODIDE OF LIME may be obtained of Wholesale Druggists, or the manufacturers will send a bottle of 100, postage prepaid, to any address on receipt of thirty-five cents in stamps.

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FEBRILINE

Tasteless Syrup of Amorphus Quinine, (Lyons.)

NEVER PRODUCES Sick Stomach nor unpleasant Head Symptoms.

ALWAYS PRODUCES the same therapeutic effect as Sulphate of Quinine.

It is the active principle of Amorphous Quinine, teaspoonful equals two grains of the Sulphate.

Specially adapted for Children and also for Ladies who dislike to take capsules and who complain of the Sulphate hurting their head.

PHYSICIANS often wish to make palatable tonics for their female and youthful patients and will here find some excellent combinations.

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Febriline Tasteless Syrup Quinine (Lyons)..... ℥ iv
Fresh Simple Syrup,..... ℥ iv
Iron by Hydrogen,.....Grs. Lxiv
Dose one to two teaspoonfuls.

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Febriline Tasteless Syrup Quinine (Lyons)..... ℥ iv
Fresh Simple Syrup..... ℥ iv
Iron by Hydrogen.....Grs. Lxiv
Iodide of Potash.....Grs. cxxviii
Dose one to two teaspoonfuls.

Tonic, Alterative and Laxative.

Febriline Tasteless Syrup Quinine (Lyons)..... ℥ iv
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Febriline will combine Antifabrin, Antikamnia or any powder syrup, or fluid extract which does not contain acid or alcohol. Acids and alcohol in any form or quantity, will develop the bitter taste.

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Absolutely devoid of Cauterant and Poisonous Action as well as from the intensely unpleasant Creosote Odor and Taste.

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the California Fig Syrup Company manufactured, from the juice of True Alexandria Senna and an excellent combination of carminative aromatics with pure white sugar, the laxative which is now so well and favorably known under the trade name of "Syrup of Figs." With the exceptional facilities, resulting from long experience and entire devotion to the one purpose of making our product unequalled, this demand for the perfect laxative

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a few figs are used, but to distinguish it from all other laxatives, and the United States Courts have decided that we have the exclusive right to apply this name to a laxative medicine. The dose of

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Given with Antipyretics TO PREVENT Cardiac Depression.

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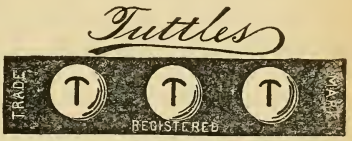

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Should not be regarded as a medicine, for it is not a medicine, but a FOOD. A great many ills result from errors of diet; but (though it is not so generally known) a far greater number of ills are the result of a deficient diet—not a deficiency in amount, but in elements. This Food supplies that deficiency. If one does not need it, it does him no harm; if, on the other hand, it is needed, then NOTHING ELSE CAN TAKE ITS PLACE, for, in that case, the body is not suffering from a disease that drugs can cure, but fro malnutrition.

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AROMATIC FLUID PEPSIN, Dyspepsia, Indigestion or any Digestive Disorder.
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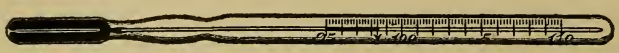

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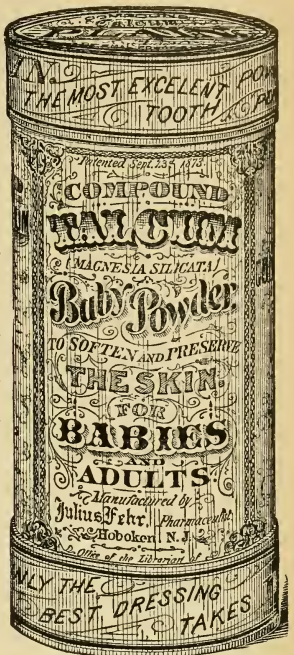

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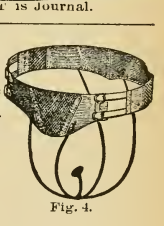

Fig. 4.

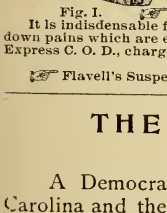

Fig. I.

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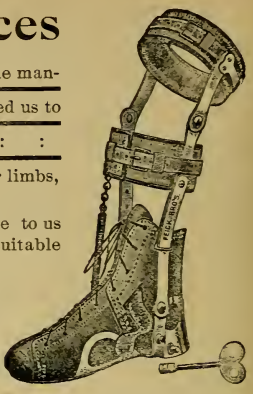

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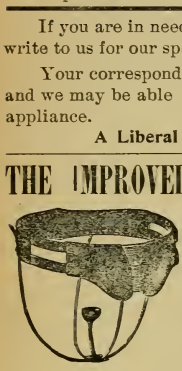

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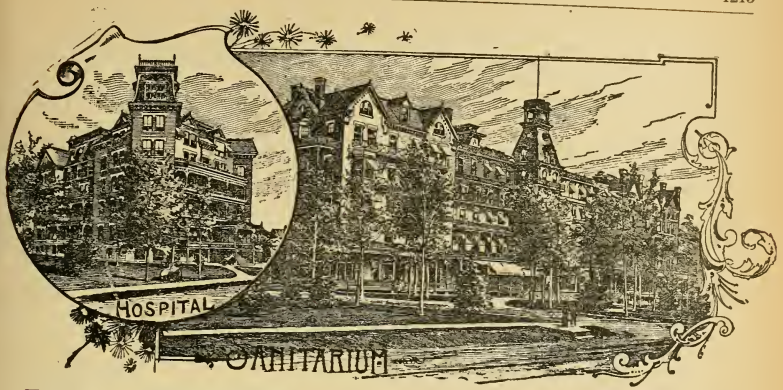

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The Charlotte Medical Journal.

VOL. VI. CHARLOTTE, N. C., MAY, 1895. No. 5.

Paranoia in Some of Its Clinical Aspects.

By JOSEPH COLLINS, M. D., New York City, Visiting Physician to the Hospital for Nervous Diseases; Attending Physician to St. Mark's Hospital; Instructor of Nervous and Mental Diseases in the N. Y. Post Graduate Medical School.

Reported Expressly for this Journal.]

In his recent encyclopedic dictionary Foster says paranoia is a term applied loosely to various mental diseases. This is unfortunately true. There is no excuse for this application of the term, however, as the psychical state to which it is applied is a well defined one. Paranoia literally defined means counter-sense, perversity, a deviation from the right way of thinking. A person who is capable of thinking, but whose thoughts are based on wrong concepts, and lead him to wrong conclusions, may be said to have paranoia. In such an individual the capability of acquiring knowledge, receptivity, memory and many of the higher intellectual functions may be unimpaired. Paranoia as indicative of a special class of insanity is a word which has come into common use in this country and on the Continent of Europe; in Great Britain alienists have never warmly adopted the term, preferring to designate such insanities clinically as delusional insanity, monomania, etc., etc.

Paranoia may be said to be a psychosis, developed in psychopathic soil, characterized by delusions, which dominate to a greater or lesser extent the whole psychical life of the possessor, and which are frequently systematized and associated with hallucinations. Its course may be acute or chronic, its duration from a few months to a lifetime, and its termination partial or complete recovery, continuance with gradually progressing mental weakness, general delusional insanity or dementia and death.

Although delusions of a systematized character are the chief symptoms, delusions *per se* do not by any means constitute paranoia. In fact before a diagnosis of paranoia can be made in any case in which delusions are the most prominent symptoms, it is necessary to exclude all other diseases in which delusory ideas are important symptoms, such, for instance, as progressive paralysis of the insane, and the insanities dependent on toxic agencies.

Paranoia is generally classified according to the time of its manifestation as Paranoia *Originare* and Paranoia *Tarda*. In the first form signs

of lack of psychical integrity appear before adolescence, that is, before the period when character and individuality are supposed to have developed. Paranoia tarda is subdivided clinically by different writers, but generally according to the fixed ideas or delusions that are in the ascendancy in the special case. Sommer has given a satisfactory clinical classification into (*a*) the constantly remaining paranoia, which manifests itself particularly by delusions of persecution, but with acuteness of the ordinary mental faculties. (*b*) Paranoia which progresses uninterruptedly to complete derangement.

People who are possessors of Paranoia originare are almost without exception heavily handicapped through inheritancy. If the victim's parents, or near relatives, have not been inmates of an asylum, they have either had some mental peculiarities or they have suffered from nervous diseases of a degenerate type, such, for instance as hysteria, catalepsy and epilepsy.

Regarded from the point of view of frequency, this variety of paranoia compared with the late form is relatively unimportant. To make this point emphatic it is but necessary to quote Kraft-Ebing, who found in 510 cases of paranoia but 16 of the primary form.

It is not my purpose in this article to consider this subject in detail, but rather by relating some typical clinical cases to impress the peculiar clinical picture that these cases present when the symptoms are fully developed. The cases that I shall relate all belong to the division paranoia tarda, and are selected from a large number of observations as being most typical. The first case is an illustration of the most common form of paranoia tarda. namely, the persecutory form. The facts of his case are brought out in the following interview. The report, which my friend, Dr. A. L. Gnichtel, was good enough to prepare for me, is a verbatim transcript of one of our interviews It is only necessary to remark that what the patient has to say of his origin, his family, his occupation, etc., are facts. His history is sufficiently brought out in the following interview, and calls for little comment:

Case 1. Prof. L. R., (Ward's Island Asylum). You ask about my health. I am not as well to-day as I ought to be. If I must tell the truth, and the truth is serious, I must state that my nervous system is depressed. I wish to state as a preliminary that when I complain of having been injured by hurtful articles having been introduced into my food, then the invariable answer is "pooh-pooh," or "that is your delusion." The doctors charge me with delusions when I complain that I am being injured in this way. I know that I am being injured, and I know that they could never have the assurance or the face to keep me here, excepting for the fact that they have allowed me to be injured continually. I can tell you a history which would fill your mind with horrow, with terror certainly, of the treatment I have received in this institution. A part of it is this:

We have two attendants here now, and the one who has charge of our table, or the "pantry-man," as they call him, has introduced hurtful drugs, and other hurtful material, into my food. During the past week he has done this twice. Some of these drugs I recognize, and some I do not know. I studied medicine myself, and studied chemistry and pharmacy so far as one must in order to graduate in medicine. Nevertheless, there have been many new chemicals and drugs introduced within recent years. I have been here 19 years this very day, at five o'clock.

In May, 1874, I came to this institution. Since then I have been having these drugs introduced into my food, last night a cruel dose, and the night before a still more cruel dose. They belonged to that class of drugs which I call lethal, like curare, and other baneful drugs. They do not produce very much excitement, nor the usual symptoms of an actual narcotic, but they kill a man gradually if the constitution is not strong enough to resist their action. Prussic acid belongs in the same category. I was Professor in an Eclectic Medical College at Rochester, N. Y., and also at Worcester, Mass. If it were not for the fact that I have been cruelly mangled here, my constitution broken, my appearance made that of a person weak and suffering, and unable to defend myself rightly, if I had not been kept in that position by the evil methods of other parties, without any mistakes of my own, I could not have been detained here these cruel 19 years. This is the truth, before my Creator. It has been a course of systematic continual cruelty. I remarked to a person the other day how cruel it was that I, who have studied medicine and am able to sift and analyze these symptoms should be so helpless, and so powerless to ward off these attacks made upon me. What of the liberty and of the laws of the Unites States of America? Not a year but that I have entreated to be allowed to go away and try once more to support myself. I never practiced medicine a great deal.

I was a teacher for some ten years, and in the course of time my health became impaired and I studied medicine. It was partly undertaken with a view to my own health. I began to practice, but it proved distasteful to me. I fancy I would take a deeper interest in it now. (Sic!) I turned aside to literary pursuits, and earned money in New York. During nine courses I lectured in the two medical schools I spoke of. They are discontinued now, having been merged into the Eclectic Medical College in New York. My tastes were strongly for literature and science, and they are still. I have been attempting to do some literary and scientific work here, but am placed under such serious restrictions and such limitations that I have not been able to accomplish what I would be glad to. The trouble is that I cannot command all the premises, all the data that I want. I want access to libraries, to consult the serials and authorities, and compare their ideas with my own. No person in this day can do justice to a field of science unless he has access to the proper authorities.

I am a naturalized citizen of the U. S. I was born in Canada and passed the first five years of my life there. My name is a peculiar one; it is Prof. —— ——. I am not able to communicate with my friends. Whenever I have tried it, it always resulted in failure in some way or other. I fancy that either the letters are not sent away, or, if they were, that my friends were interviewed and made to think that I was in some way what the French call a *mauvais sujet*—a bad personage, and that they had better let me alone. But to tell you the truth, the badness is on the other side. When I was engaged in business, I was the happiest person. I was married, but that misfortune which overtakes many married people overtook me; my marriage was uncongenial. I was a young man and was deceived. I think I am wiser now, and that where I place my confidence now it is justified, but in that day I was misled. I have had two children; one is living now. One died, I believe, in the course of last year. When I came to this place I had two sisters in New York. I do not know whether they are living now.

I contributed for a number of years to the magazines and newspapers in New York, and after that wrote for the New American Cyclopedia, first edition, published by Appleton. To that first edition I contributed at least 250 pages of scientific material. Very little demur was ever made to any work I contributed. In one article on the subject of steam and its application to navigation, etc., I had to limit myself to 25 pages at $4 a page. The subject was so immense that I made out about 31 pages, and I had to clip out six pages to bring it down to the limit prescribed, at a loss to myself. That was the longest article I ever published, and for that I received $100. Then I wrote on a great variety of important subjects. From 1862 to 1868 I was engaged in work on the new Cyclopedia.

Why did they send me here? What I have said leads me to that point. In my work as a writer I provoked jealousies. If I could go back into the world and pick up all that I have given to mankind, much of which was original with me, I could show you where other men have stepped into my labor and taken the credit of it. I had something of an inventive mind and have given the world some new ideas. This created rivalry and jealousy among my fellow workmen. I could see this by their actions. Even the editors were one-sided towards me, and one remains so to this day. There were two editors of the New American Cyclopedia, and one of them, —— ——, helped to create the most bitter warfare against me. I have often been told that there is a likeness in the set of the features between me and Mr. ——. George Ripley was the other editor. He was a man of high standing and was more friendly towards me than Mr. ——. He is dead now for many years. If Mr. —— was not openly hostile, he was at least a little dubious towards me. I did not know him so very well, from the fact that he was not entirely cordial. He was then making a name for himself in politics—as a political

writer—and as the editor of a book of poetry; literature was his field, and he did not seem to appreciate a man who delved so absolutely into the deeper sciences as I did. Jealousy on the part of my fellow-laborers threw me out of my business. I was a faithful worker and I loved my work, but they picked up everything they could against me; I am sure of it, because some of the slanders that I can trace back to that city follow me and are a source of unhappiness to me in this institution now. The slander mill was started in New York City and it follows me at an awful rate here. A poor human being cannot stand everything; he was not made an icicle or a stick, but a living man. By these hurtful drugs which are given me here I am thrown into a semi-paralyzed state, my nervous system depressed. A man cannot present himself before the world, nor carry on the cares of his own life to his own satisfaction, when he has a set of wolves snapping at him constantly. This is not the excitement of an insane man, but the excitement of a man who grows indignant over his treatment.

After I was thrown out of my work I wrote an article on iron, and did what work I could get, reading proof, etc., but I could not get much work with this slander-mill working against me. I only wish they would call me into court now, but they are cowards and never will do it. On the day I was taken to Jefferson Market Police Court I was so broken down physically that I could not present myself properly, and I was taken to the Tombs. The next morning they gave me dry bread and parched peas to eat, and I was examined and sent here. I had been arrested for asking for money in the street. I had separated from my family on account of incompatibility. If I could go into the world now and find that I was not released from my wife by divorce, I might still consider myself a claimant for divorce on statutory grounds.

When I had become so poor that I had no money left, I started out one day and begged. I was living then at 192 Christy St. There were a number of young men living in the house, artists and men about town, and they exerted psychological control over me, harrassing my brain while I was asleep. I suppose that was done by will power, That is one of the subjects I want to investigate. The day I was arrested I was begging on 4th street, near the Bowery. If I could have found work, I would not have begged. I was engaged with another party in making a household application of the London Aerated Bread Machine. We worked together and tried to make a little portable machine to place on the table. Then I helped develop a gas process which did prove of considerable value, but I grew poor before we developed it, and my partner cheated me out of it. He sold the patent to a company and realized some thousands of dollars out of it.

My family were Methodists. We had no revivals, but were stratght-forward, Church going people. I passed the first five years of my life in

Canada. I was well taken care of at home. My mother was a sound, health woman, and after having given birth to a large family she finally died in child-birth. I was in Virginia at the time, and the family were in Western New York. There was no epilepsy; no convulsions; no hysteria among the members of my family; all these things were strangers to us; there was certainly no weak-mindedness or insanity. About my father I do not know very much. He disappeared before I had arrived at an age at which I could well remember him. I think it was another case of estrangement. My mother was English. All my brothers and sisters were perfectly well, and I have been one of the most enduring creatures that ever lived. I consider myself perfectly sane. If any person would find me a position in which I could earn money again and work my way, I might be able to teach those who have ill-treated me that they were wrong. I have tried to live as correctly as I could. Quite early in life, while in the Academy, I secured some of Fowler & Wells' publications and tried to live according to the principles and advice they gave to young men.

The fact that I am being continually drugged here makes my life irregular. Man is a unit, and in injuring one part of the mechanism you injure the whole body. There is an unnatural condition of the system. I would have fallen a victim to these people long ago were it not for a great deal of watchfulness on my part and the intervention of a higher power.

We all here cling to the hope and desire to return to the world and be well-mannered citizens. It is a matter of the deepest regret to me that I have been subjected to these evil influences. When I try to defend myself against these injuries, they say to me "that is your delusion; that proves that you ought to be here." They say that, but they are wrong. If you call this insanity, then you lend yourself to assassins.

It is impossible to enjoy life here, but we hope to get back into the world some day and live again."

In this case the process of reasoning by which he justifies himself for not recognising the poisons put in his food is a rather common one with paranoiacs. He feels that he has the inate ability to recognize poisons, and, therefore, his enemies knowing that fact administers only the newer ones—those that have made their advent during his incarceration. His description of the persecution to which he is subjected, associated as he relates it, with an air of mystery about "the evil methods of other parties," and the conviction of his own mental and moral righteousness expressed as "without any mistakes of my own," are quite typical.

In speaking of what he has accomplished, and of his literary and scientific aspirations, he has the manner of one who has a supreme belief in himself, a belief that even the incongruous and inauspicious surround-

ings and companionship of an asylum for nearly two decades has not served to diminish a whit.

Another common symptom presented by this patient is the suspicion he has about his wife. These suspicions have not taken a definite form, but he is convinced that he was deceived. Although fixed and systematized delusions of jealousy are not so common in men as in women, they are frequently present in the former.

Case 2. J. H., aged 30 years; born in the United States, of German parents; a wateh-case engraver by occupation; neuropathic family history; one uncle insane. An inmate of the Ward's Island Insane Asylum since October 31, 1891:

"I think my sister sent me here. I was noisy about the house and knew there was no chance for me to get any work, so I wanted to be put away, because idleness is the fruit of all evil. I raised Cain so as to be put out of the way. I was a member of the Sons of Veterans, and at the shop they wanted me to join the knights of labor union. I told them I could not belong to both. The workmen there annoyed me very much; they kept watching me and gave me trouble in different ways; just as you make a move one springs in front of you and pegs something at you. If you blame this one for it he says it was some one else and they follow you all over. In Bond Street, where I worked, they used to do it all day. I made several complaints about it but got no satisfaction. I would not go back on the oath of the Sons' of Veterans. I looked over the by-laws of the knights and of the Sons' of Veterans, and saw I had to stick to either one or the other. Because I would not stick to the union I lost my place.

"I was in pretty good health up to my 21st birthday; then I had pneumonia. When I mas young I masturbated three or four times every day. I did it as a kind of experiment on myself. I was often told that it causes lunacy, and I said to myself lunacy does not come from that, I shall prove that it does not. I saw no chance of being married, and was afraid of catching some disease, so I masturbated. In masturbating I used a napkin. I got the idea of a napkin while travelling in a sleeping-car; the conductor showed me a napkin that he found in a berth that had been occupied by a man and his wife. I got the napkins at home. Sometimes they were soiled.

"When I lived in New York there was a little German servant girl that I met occasionally. I never spoke to her, but she always looked at me when I passed her. I have seen her over here on the Island and in my room at night. No, I have not actually seen her, but she has communicated personally with me. I have felt her voice. It is a sort of a breeze that comes to me. and in this I feel her speaking. I do not care to tell what she says. She talks to me about matters that I do not care to mention. She also warns me about the knights of labor."

Case 2, one of persecutory paranoia, in which the sexual element is very prominent. The patient attributes his persecutions to members of one of the many trade unions This is a story that one frequently hears in asylums in latter days since labor has had a vision of the millenium, the reality of which is to be induced by union.

The sexual element in his case is somewhat uncommon, as there seems to be a strong element of Fetichism in it. Sexual delusions are not so common an accompaniment of paranoia in men as in women. But in the former they are frequently of a perverted nature. In women the delusion is generally a conviction that they have been ravished. And these patients will often tell with the most scrupulous detail of their experiences which move them to the most rebellious feelings against such indignities, but which they are powerless to prevent. Their story is often a plausible one, and requires much tact to expose its fallacies.

The hallucination which he presents is a common one, and it is not infrequently described in the words that he uses. "He hears the voice in a sort of a breeze."

Since his stay in the asylum he has gradually progressed toward deeper derangement. In fact he may be taken as a type of a class of paranoia mentioned under the subheading (*b*) above.

Case 3. Is not always ready to tell his story, but if one treats him seriously and earnestly he tells it in a very deliberate way. He wishes it called a,

Statement made by Capt. C. (Ward's Island asylum):

I wish to say a few words about my "delusisns," as they are called here. I happen to have written certain letters in which are contained some statements, addressed, of course, to the person to whom the letters were written. The fact of the person's being ignorant of the subject made it necessary for me to elucidate it a little more than would otherwise be the case. The subject of the letters was in regard to the time being near when the promised signs would be given to the world of the second coming of the Saviour. In the New Testament we read that no man shall know the day or the hour. That is true; nevertheless, it is an absolute necessity that mankind should be given certain signs, so as to know when to expect the Saviour's advent, and the signs that are to be given are of such a character that no one can doubt their coming from the hand of the Almighty. I understand the beliefs of you gentlemen. As a rule, doctors base their belief entirely upon a scientific basis; that is to say, no man has a right to believe anything, or conscientiously ought to believe anything, that he cannot see or understand.

The signs I refer to will take place very soon. Just how soon I cannot tell you. The first sign will be given on this (Ward's) Island. The second sign very near here, and then other signs in different parts of

Europe. Among the prophecies of Daniel, in the second verse of the last chapter, it reads, if I remember the words rightly, "And many of them that sleep in the dust of the earth shall awake, some to everlasting life, and some to shame and everlasting contempt." I know two men—and you know their names just as well as I do—who have been dead for years, and they will be brought back to life, and one of them will fill the identical position which he did before he died, and the other will not. One will rise to everlasting life, in the sense in which it is written, and the other will rise to everlasting shame and contempt. I would not dare to give the names of these men. (He afterwards confided to me in the most confidential way their names—two former prime ministers of England.)

I can tell you something that will surely come to pass regarding Gladstone and one of the members of his Cabinet, Harcourt. One is now Secretary of State, and the other is Prime Minister. These two gentlemen will become mentally deranged, and when they become so afflicted the English government will fall, not on account of a revolution, but great changes will occur. I knew that two years ago. I knew it before Gladstone became Prime Minister. I thought then that the mental derangement would be caused by his age, but I see now that it will be due to his Herculean undertaking. It will come a few weeks before the Revelation. I am waiting for a couple of messages on this subject. They will be received by the Superintendent of this institution from a gentleman on the other side, a man very high in rank, and whom I have never spoken to and with whom I am not acquainted. The arrival of these messages is the pivot to what is to follow. I have always pictured these events to myself as a drama. When I came back here from Ward XX I said we are at the end of the first act. Now, I said, we will ring the curtain up again when the messages arrive. It is not my duty to keep my light under a bushel, and when these events transpire I shall require you gentlemen as witnesses. I have written some lines on this subject in the form of a drama. The first act represents the Charleston market on a Saturday night, the most animated scene I have ever witnessed, and I have been all over the world. In this scene a flower-girl comes out, singing as she sells her flowers, and the refrain of her song is this :

> Who will buy ; who will buy my flowers,
> Flushed with richest bloom,
> Adorning listless beauty:
> While exhaling sweet perfume.

This is the next couplet :

> Events of grandeur cluster, on the pathway of our age,
> Fulfilling Heavenly promise and adorning history's page.

And in the last verse I say :

> Sing gladly, joys of morning, now shining through the night,
> I see a brilliant star appearing, radiant with heavenly light.

My time is not my own here. I must be patient and wait for the messages, and fulfill my obligations. This island could not hold me 48 hours if it were not for this. I say to the Superintendent, it is my duty to ask you to give me an unconditional discharge, but at the same time I know you will not do it.

You ask me what I think of Prof. —— ——, (case No. 1). I talk with him a good deal every day, and he takes me way up to the upper air. He is certainly very extreme in his views in some directions, and that I attribute to his tremendous amount of mental labor. We differ in many beliefs, but some of his ideas are so bizarre that I can not accept them.

I was a master marine before I came here. For six years, including the years of the late war, I was in the Coast Survey. I have also had experience in the Mediterranean and in portions of Africa.

Case No. 3 illustrates the religious and prophetic paranoia. These cases belong to a division known as paranoia expansive in contradistinction to the depressive type of paranoia, of which the individual with delusions of persecution is a type.

This patient is a gentleman about 55 years old, whose attitude and bearing bespeak culture and good breeding. He is serious to the verge of ludicrousness. His air and carriage is that of one who is conscious that the mantle of the Prophets is on his shoulders, and his deportment must be in keeping. His facial expression is that of one who has a serious and all important mission in life and who has the courage to carry it through although it entails harassing experiences such as incarceration in an asylum. He has faith in himself, however, and is proud that the powers have selected him as the instrument of revelation. He is fulfilling his obligations, as he terms them, in the same spirit and with the same conviction of duty righteously done as did some in earlier times, who have since been canonized. A grand expansive feeling of sublimity has possession of his soul, and although he confesses that sometimes waiting so long without a signal is wearisome, he never becomes despondent or discouraged. Frequently in religious paranoia hallucinations in the shape of visions are very common, but in this patient they were absent at the time of my observation, although it is probable that he at one time had them.

This patient shows most exquisitely a symptom which some alienists would have us believe is a fundamental symptom of paranoia, viz.: morbid self reverence, (Neisser). That is a disposition on the part of the patient to believe that everything has some mysterious reference to himself.

This patient, and the first one also, show clearly that paranoia may exist in an individual who is in possession of many of the higher mental faculties. There have been many cases carefully studied and reported in which the poetic, the imaginative, and the artistic faculties have been well developed and utilizable.

To Dr. W. A. Macy, the Superintendent of the Ward's Island Asylum, my best thanks are due for many courtesies extended to me during my many visits to the Asylum.

43 W. 39th Street.

GYNECOLOGICAL ELECTRO-THERAPY.

Oration Delivered by Dr. Wm. T. Woodley, of Charlotte, N. C.,

To the Alumni Association of the Medical College of Virginia, and the Public, Richmond, Va., Tuesday, April 2d, 1895.

Gynecologists, until a few years ago, were unacquainted with the varying properties of the electric current, and resorted to it only when all other means had failed. They tried a remedy with which they were unacquainted, and very naturally failed, and, as usual, ascribed their failure to the remedy, and not to themselves. As electricity as a motor differs from electricity for illuminating purposes, so does the electro-therapy of the gynecologist differ from that of the neurologist. The indiscriminate application of electricity in the various branches of medicine makes its success impossible. The neurologist deals with resistances of from 5,000 to 10,000 ohms, and uses from 2 to 20 milliamperes, while the gynecologist deals with resistances of from 40 to 800 ohms and currents of from 1 to 300 milliamperes. Gynecological and neurological electricity can be no more compared than other remedies. In gynecology shock should be avoided. The opening, closing and reversing of the current must be carefully done. Shock, on the contrary, is a valuable feature in the practice of the neurologist. The low electric sensibility of the female pelvic viscera makes it peculiarly favorable for the application of electricity. Precision in dose and measure is just as essential in electricity as it is in medicine, and to this to a great extent depends the effectiveness of the application. It is absolutely essential to have proper instruments—a suitable battery, electrodes and the milliamperemeter—for upon these aids the progress of gynecological electro-therapy is based. I have an office cabinet galvano-faradic battery of 44 axo-Leclanche cells, made by the Waite & Bartlett Manufacturing Company, of New York. These cells are reliable, working under every condition, lasting for one year without any attention but the addition of some distilled water. The cells are arranged in series, and so connected with the current selector that a single cell or a number of cells may be used. I find the Goelet abdominal clay electrodes, which are a modification of Apostoli's, to be the best. They are of two sizes, 6x8 and 8x10 inches. The stronger the current the larger must be the abdominal dispersing electrode. The other electrodes I will mention further on. The electro-motive force of the generating element, with the distance between the coils, the character of the secondary coil, and the number of interruptions per minute, are the practically important elements for record

and dosage of faradic currents ; but this is only possible with perfect standard instruments like the Waite & Bartlett, and in consequence the ordinary faradic battery is a dangerous instrument in gynecological practice. With the Waite & Bartlett office cabinet battery we have exactness in application and observation ; the intermissions can be regulated and timed, and a set of secondary coils of proper length and diameter permit us to record and utilize this admirable agent. A secondary coil of long and fine wire gives high tension and little quality, while a short coil of heavy wire gives less tension and greater quality. The current of tension will relieve the pain of a cellulitis, but will aggravate the pain and swelling of a contusion. A current of quality would act exactly the reverse of this. The advance in gynecological electro therapy is largely due to the milliampermeter, exact dosage being essential. No physician gives drugs in a haphazzard way, the dose being an important consideration. The same should maintain in galvanism. The sensation of the patient is an improper and unsafe guide. Some women will cry out without feeling any pain, while others will endure severe pain and say nothing.

Though electricity has been employed many years in the treatment of sexual disorders of women, it is principally due to Dr. George Apostoli, of Paris, that this method of treatment has assumed a commanding position.

While others preceded Apostoli and "blazed the way," he is regarded as the creator of the art of applying electricity in the diseases of the female organs of generation. The results of strong galvanic currents of from 100 to 250 milliamperes in uterine fibroids were remarkable, and were at first received with incredulity by gynecologists. The adhesion of Sir Spencer Wells and Dr. Thomas Keith, some of the foremost gynecological surgeons living, to Dr. Apostoli's method of treatment attracted the attention of all progressive practitioners. Gynecologists are divided into two hostile forces. One denies all virtue to this remedy, or grants that it will relieve certain functional difficulties, while the other has faith in the electric current to correct many of the morbid conditions of the female sexual organs. Those who have given the electrical treatment a fair trial favor it, and those who have not investigated it fairly, or who consider it beneath the dignity of a surgeon to do so, are those who condemn it most. It would be as useless to contend that electricity should supercede surgery in many gynecological affections as for some of the partisans of surgery to deny to electricity its proper place in gynecology. It is true that electricity will determine contrary results, sometimes causing congestion and sometimes preventing it; of being a stimulant in one case and a sedative in another. This is explained by the special action of the poles, and by the different forms of current which may be adapted to the different conditions often met with by the gynecologist. It would be as absurd to deny that currents applied in different ways would not produce different effects as it would be to make a parallel between castration in fibroids and electricity. Elec-

tricity is nearly always useful, while castration is no more than an expedient.

There is no doubt that among the authors who have taken part in the discussion there are many who are lacking in the most elementary knowledge of the agent whose efficacy they dispute, who are ignorant of the difference between the galvanic and faradic currents, the negative and positive poles, the ampere and milliampere. One writer tells us that Apostoli uses one and a half and two and a half amperes. Another says that while he formerly used only 25 milliamperes, he now applies as high as 10 amperes (10,000 milliamperes). Another is recording the strength of the faradic current in milliamperes.

Amenorrhœa, when due to temporary pathological condition of the organs necessary to the production and excretion of the menses, is much benefitted from the proper employment of electricity. Both galvanic and faradic currents are used with success.

Dysmenorrhœa, when due to stenosis of the cervix, the galvanic current with the cathode in the cervix is indicated. Strength of current should be from 10 to 30 milliamperes. Sittings should last 10 minutes, or until the electrode passes the constriction. Electrolysis is far superior in cervical stenosis to forcible dilatation or discission of the os. In acute flexion of the uterus, the uterus is gradually straightened out, and the weakened segment strengthened. The positive pole is used with strong currents of from 35 to 80 milliamperes for three minutes. Apostoli uses in the same condition the current of tension of the faradic with the bipolar electrode, and claims that it is not dispersed, but confined to the uterus and surrounding tissues. Membranous dysmenorrhœa is relieved by the galvanic current, as advised by Apostoli for endometritis.

Constant pains referred to the pelvic viscera are relieved by galvanism.

Endometritis is cured by strong chemical galvano-caustic currents. When there is much hemorrhage or other discharge the positive pole should be used in the uterus and the negative on the abdomen. When there is no discharge the reverse is the rule. The positive pole of the galvanic current arrests hemorrhage, and in consequence Apostoli calls it the hemostatic pole. I prefer the Goelet intra-uterine electrode with interchangeable tips. Apostoli and the gynecologists who have adopted his procedure employ a strength of current of from 100 to 250 milliamperes.

Metallic electrolysis as used by Gautier, Goelet and others, I have had some experience with, and I think it is an advance made in electrotherapeutics. Gautier employed cupric electrolysis in urethritis and endometritis with marked success. It is the electro-chemical decomposition of the metal employed as an electrode, and of course this action can only occur when the positive pole is used in connection with the active electrode, since it is here that oxygen, chlorine and acids, which act upon the metal, collect. Dr. Goelet says: "Instead of a chemical decomposition of

the tissues in contact with the electrode, which occurs when a non attackable metal, such as platinum or gold or carbon, is employed, the metal is acted upon and the formation of an oxy-chloride of copper is the result. That is, the decomposition liberates upon the surface of the electrode, and consequently upon the tissues in contact with it, this salt of copper, which has an apple-green color and is insoluble. As soon as formed this salt is driven into the tissues beneath the surface by an electrical osmosis or cataphoresis, as one of the effects of the current. This was very clearly demonstrated by Gautier, in his experiments upon the uteri of rabbits which had been submitted to the electrolysis of copper. The tissues for a considerable distance were stained an apple-green color. He also demonstrated positively that these salts of copper exert no deleterious effect, but on the contrary, he found them to be therapeutically valuable.

One great advantage claimed for this method of application is that the usual caustic action upon the tissues, which occurs when non-attackable metals are employed, is avoided, since the action takes place upon the metal instead of the tissues. Gautier seems to have limited his observations to metallic copper, though any other oxydizable metal may be employed in the same manner, such, for instance, as zinc, silver, iron, lead, tin, etc. It will thus be perceived that this opens up an enormous field, and affords an opportunity for a greatly diversified application of electricity. Dr. Goelet has employed cupric electrolysis extensively in the treatment of hemorrhage from the uterus and in endometritis, and has obtained good results. In uncomplicated uterine hemorrhage it has no equal, and in endometritis, associated with a softened and relaxed condition of the uterine body, the results have been excellent. It is quite important, however, to be certain that the cervical canal is patulous for subsequent drainage, and this part of the canal should be excluded from the action, when possible, to avoid uterine colic, which has been found to result from the treatment when these precautions are not observed. Dr. Goelet uses from 20 to 30 milliamperes for five or ten minutes for the control of uterine hemorrhage. In endometritis from 10 to 15 or 20 milliamperes is quite sufficient in the majority of cases. The electrodes are made in various shapes and sizes, from an ordinary rod of copper to a bulb the size of the thumb. For uterine applications a piece of pure copper wire of suitable size, with the end rounded and smoothed off, may be used, and this may be insulated by a coating of shellac or a piece of catheter. When a copper electrode has been once used it must be thoroughly cleansed and rubbed off with emory cloth, so as to have always a bright, clean surface before it is again employed. Dr. Apostoli uses the faradic current with the bi-polar electrode in inflammation of the uterine and periuterine tissues, metritis, peri- and para-metritis, salpingitis, and salgingo-ovaritis. Even the most acute stage does not contra-indicate the employment of the current. The electrode is used against the area of the severest local pain

The intra-uterine bi-polar electrode is substituted for the intra vaginal after the acute symptoms have subsided. The sittings may be daily, and last from five to twenty minutes. In the chronic stage the galvanic current is substituted for the faradic with the positive pole in the uterus. The current of tension, or fine wire, is used for the relief of pain, and it acts as a local anæsthetic. Hysterical women can bear a stronger faradic current of tension than well women. I know of nothing that will so readily increase the flow in scanty menstruation as the current of tension.

Its action is purely dynamic, like that of opium in the early stages of inflammation, but does not arrest inflammatory processes. The current of tension is the only one tolerable in acute and sub-acute forms. The intra-uterine is by far the most serviceable, and the application should be in moderate doses and without shock, and more gentle as the inflammation is more active. The dose should be augmented as the patient can bear it. Galvanization, being more powerful than faradization, is sufficient of itself in most cases of ovaro-salpingitis. It sets up peripheric changes by derivation, and changes in part or in whole the lining membrane of the uterus.

The faradic current affects the muscular and nervous systems by shocks and interruptions. The galvanic current is a chemical and physical force. All binary or greater compounds will tend to decomposition, which is called electrolysis, and will be in proportion to the strength of current and the time of application. This interstitial breaking up of the elements, which will be preceded by a different orientation in the polarization of the organic molecules, tends, on the one hand, to bring around the positive pole the acids and oxygen, while the bases and the nitrogen go to the negative pole. Applied in a given region, the galvanic current acts locally and generally; each pole has its undivided caustic action—the one acid, the other basic. The current is felt in the interpolar zone, engendering trophic changes, and tending to the resolution of certain pathological conditions. In addition to its curetting action, it has a more profound action, trophic and vital, between the poles, and to this is attributed its great success in the treatment of salpingo ovaritis, and has a power far above surgical curetting in reaching the uterine parenchyma and adnexa. The negative pole is more valuable to promote resolution, while the positive pole causes less congestion, and in consequence should be used generally, in the commencement, until the first stage of toleration is passed; then the negative pole should be substituted, In treating salpingo-ovaritis it is best to commence with a mild current to test the susceptibility of the uterus and periuterine tissues, for if a pyosalpinx was present a large dose of galvanism would aggravate it. Begin with 20 milliamperes, and, If well tolerated, increase gradually to 150 milliamperes; if the intolerance is great respect it. Electrical treatment is sovereign in catarrhal salpingitis, only calamative in tubercular salpingo-ovaritis, and should be continued until the patient pronounces herself cured of her

symptoms, and until the anatomical change is considerable. Surgical interference should never be resorted to until all electrical resources have been exhausted. Castration, which morally and physically mutilates a woman, and only cures radically in a fourth or fifth of the cases, should be only an operation of necessity, never of choice, and should be regarded as a last resort. In uterine displacements faradization is indicated, as it not only improves the contractility of the muscular elements in the ligaments, but also relieves congestion of the uterus and periuterine tissues.

Twenty-three years ago Drs. Cutter and Kimball operated upon a case of fibroid tumor of the uterus by passing a galvanic current through portions of the morbid growth, using insulated needles as electrodes. Ten years ago Dr. Apostoli published the results of his method of electrical treatment of uterine fibroids. In Great Britain a number of distinguished gynecologists, among whom are Keith and Playfair, have adopted Apostoli's method. Apostoli claims that 95 per cent. of the cases treated by him were benefitted, the symptoms alleviated or entirely removed, though the tumor had not disappeared. It is claimed by some that this relief is only temporary, but if this was true, it is better than doing nothing, or as is the case with some gynecologists of surgical tendencies doing too much. Dr. Thomas Keith, of London, published a paper in the British Medical Journal of June 8th, 1889. He closes his paper as follows:

"The only treatment not surgical worth speaking about that I have seen do any good, and which at the same time is one free from danger to life, if the treatment be undertaken by one who has respect for a strong electrical current, is that brought before us by Dr. Apostoli. If any one should have held on firmly to hysterectomy it is myself, for my results after it are better than any other. I have, however, thrown over all surgical operations for this new treatment, and the longer I follow it the more am I satisfied. To the surgeon, no doubt, hysterectomy is the good and simple plan. He may have his bad quarter of an hour at the operation, but then he is practically done with the case, and he gets his results quickly, sometimes more quickly than he cares for. If the patient recovers there is pleasure all around; if things go badly, and the patient dies, he bewails his bad luck, as it is called, waits a little, and then, though rather unwillingly, does another. He resents any other treatment than that by the knife. He especially resents Apostoli's treatment of fibroids by electricity, for the result is long in coming; it is a slow treatment, requiring great patience, great tenderness of manipulation, and much thinking. * * * But with patience the result is certain. * * * * There is no mutilation, a thing abhorrent to most women. It puts a woman with a fibrous tumor, who suffers much, into the position of a woman with a fibrous tumor who does not suffer, or may be even unaware of its presence. It does not bring about the disappearance of the tumor, or it does so very rarely, but the size is lessened more or less, one-half, one-third, two thirds.

* * * Tension is taken off everywhere, all around, and bladder irritability from pressure, a common cause of distress, is relieved. In a word, the woman is made well; her whole life is changed. All this can be done without danger to life, and if there is pain during the time the current passes the fault is in the operator. What more does a reasonable woman who has suffered much desire or need? What have those to offer in place of all this who have so bitterly opposed this treatment; who with unlimited material stand aside and will not take the trouble to investigate the matter for themselves, but wait until some one else does it for them; who make only an outcry if by chance they hear of an accident during the progress of the treatment of any case, and who go frantic over the rumor of a death, or, worse still, who proclaim they know of deaths that never happen. These men have nothing whatever to offer in the bad cases, and only hysterectomy in such tumors that will come out more or less easily, so as to be treated by the extra-peritoneal method of operating. I have seen not a few cases of bad bleeding fibroids since I came to London. Almost every one had consulted one or other surgical authority on the subject of operation. These were invariably told that nothing would do them any good but the removal of the tumor, but in their special case the local difficulties were too great, or they had let their strength go down too far for such an operation. The very feeble and bad cases, with masses of tumor blocking the pelvis, with absence of cervix, and opened out broad ligaments, would seem to be let alone.

"Hysterectomy then, at best, would appear to be a most doubtful remedy for a certain number of cases, and those not of the worst sort. On the other hand, the worse the case, the more feeble the patient, the greater the loss of blood, the more marked is the result of electrical treatment. Given a woman with a large bleeding fibroid, blanched almost to death from years of hemorrhage, and then see her some months after this treatment is completed, you would scarcely recognize her, the improvement is so great.

"The old spirit that at one time would have no abdominal surgery still unfortunately lingers among us. Electricity in any form, when applied to the cure of disease, is set down as pure quackery by many medical men, simply because they know nothing about it, and won't take the trouble to learn for themselves what to many is rather a hard study. What I now plead for is that, for a time, all bloody operations for uterine fibroids should cease, and that Dr. Apostoli's treatment, as practiced by him, should have a fair trial. Those who have hitherto most resisted the introduction of electricity are surgeons who are the best competent to carry it out. They are accustomed to manipulate in the female pelvis, and they will not make mistakes in diagnosis, or make them as seldom as it is possible to do. Hysterectomy, remember, which is performed every day for a complaint that rarely of itself shortens life, kills every fourth or

fifth woman who is subjected to it. This mortality must cease; it is not a question of surgery—it is a question of humanity. Every time that any disease can be cured without resorting to a bloody operation, such as hysterectomy, progress is made in our art, and there is a gain to humanity, while surgery is the better for being purged of a deadly operation.

"It may seem strange to some that after the results I got in hysterectomy—results that almost made it justifiable—I should now begin to throw stones at the operation instead of trying still further to improve upon it, and but for Dr. Apostoli I would now be doing so. I would give something to have back again those sixty-four women that I did hysterectomy for, that I might have a trial of Dr. Apostoli's treatment upon them; and I would give something never to have had the wear and tear of flesh and spirit that these operations cost me, for in scarcely one of them was the operation simple."

Such is the testimony of one of the most eminent surgeons of London in favor of a method of treatment so little fraught with danger. Uterine fibroids an out-growth from the muscular and connective tissue, and are named according to their location; submucous, when they are found projecting into the cavity; interstitial, when wholly developed within the wall; subperitoneal, when they project from the outer wall into the peritoneal cavity. When muscular tissue predominates the growths are soft or myomatous, and when composed of connective tissue are hard and fibrous in structure. The fibromata or the fibromyomata develop less rapidly than the pure myomata. The softer the structure the more readily it yields to electrical treatment. Submucous fibroids tend to become pedunculated, and are then so ersily removed that it is needless to connect them with the electrical treatment. Interstitial tumors usually attain a greater size than the other varieties, and are more amenable to treatment. Subperitoneal growths are usually small, and are less amenable to electrical treatment unless favorably situated for vaginal puncture. Interstitial fibroids are best treated with electricity when small and of recent growth. It is incorrect to treat all fibroids alike, and failures will occur until greater discrimination is observed. Electrical and palliative measures are best suited to some, and surgical interference with others.

The principal methods of application of electricity for uterine fibroids are the intra-uterine and by vaginal puncture. The intra uterine application will loosen up adhesions between contiguous peritoneal surfaces, relieve the pain and pressure symptoms, cure a co-existing endometritis, control hemorrhage, arrest and produce a retrogression of the growth. Although this method of application will often effect considerable diminution in the size of the growth, I believe the application by vaginal puncture is the best for that purpose. This opinion is borne out by the fact that warts, moles, etc., are only destroyed by puncture; a simple application to the external surface would produce no effect on them. The selec-

tion of the pole to be employed is of importance. In soft or myomatous tumors the positive pole should be employed, and when the structure is hard and fibrous the negative pole is indicated. After the removal of the pedunculated submucous fibroids electricity should be administered to reduce the size of the organ and to completely control the hemorrhage. To properly control the hemorrhage it is necessary to remove the diseased mucous membrane by chemical galvano-caustic applications, or to change its character by cupric electrolysis. In cupric electrolysis we have a remedy that never fails in these cases, if all parts of the cavity can be reached, for the reason, as before stated, that oxy-chloride of copper, which is an astringent salt, is not only liberated into the uterine cavity, but is driven into the tissues by the cataphoric action of the current.

Hysterectomy need not be resorted to because of hemorrhage in bleeding fibroids, for that can be controlled by the ligation of the uterine arteries per vaginum, as suggested by Martin, of Chicago. These vessels furnish the uterus with its principal blood supply, and a considerable shrinkage of the tumor may be expected by their ligation. Electricity will control the bleeding, if properly administered, and its application involves no shock, an anæsthetic is seldom required, the patient is treated at the office, and in consequence has the advantages of an out-door life.

Contact with the entire uterine surface is requisite. The cervix should be sufficiently dilated to admit one of Apostoli's carbon electrodes or a copper electrode of suitable size to fit the uterine cavity, so that the entire endometrium can be thoroughly cauterized, for upon the observance of the minute details depends the success of this treatment. Many of the failures to control uterine hemorrhage with electricity are the result of an imperfect understanding of the principles involved in its application, and from the use of electrodes not adapted to meet the requirements. Each section of the endometrium should be submitted to the continuous action of the current for at least five minutes. Induration following pelvic cellulitis owes its origin in the vast majority of cases to the puerperal state. Abortion is more liable to be followed by cellulitis than full time labors. Being septic in origin, from lacerations which open a doorway for the admission of toxic material, lack of care encourages the entrance of germs. The tissues of the uterus during the early periods of gestation are more unyielding, and in consequence more apt to be lacerated under the expelling force; hence the greater frequency of this condition after abortions. In looking over the literature of pelvic inflammation, we find very little written about induration, abscess taking up the attention of the writers. Abscess runs its course rapidly, and entails greater danger; induration is more insidious, more prolonged, with no immediate danger to life, but far more common, incapacitates women for work, and is a source of constant pain. It occurs mostly from neglect among those who are compelled to labor, and who are unable to secure proper medical attention. Could the

cases be seen early, about one-half would terminate in resolution, while the other half, in spite of the means at our command, would go on to encysted serous formations, abscess or induration. At the junction of the broad ligaments with the uterus there is a large amount of cellular tissue; hence cellulitis, and consequent induration, occur most frequently in the broad ligaments—next in frequency is beneath Douglas's cul-de sac. It occurs in the left broad ligament more frequently than the right. The prevailing size of these masses is that of an orange. Situation has a great deal to do with their dimension, the largest being found in the broad ligaments. The shape is usually irregular, and when in the broad ligaments somewhat flattened antero posteriorly. This irregularity is most marked when seen early; later on they are smoother, and often remind one of a fibroid. At first the masses have a boggy feel of cellulitis, dependent upon the co-existence of effused serum and lymph in the meshes of the cellular tissue, but in time this feeling disappears, and the mass becomes firmer and firmer, until finally it becomes of an almost stony hardness. Having assured ourselves that neither pus nor encysted serum exists, our course is clear; our aim is cure, and by methods entailing the least possible danger. From simple measures to the radical one of the knife have been recommended. Some resort to tincture of iodine, mercury, iodoform and blisters locally, with iodide of potash, mercury and the like internally, calmly following this treatment for months without any noticeable improvement. Others, regardless of the dangers of the operation, resort to the knife. Since the gravity of the disease carries with it but little danger to life, the resort to so radical a measure as a surgical operation should be discouraged. We have a remedy without its danger, and that is galvanism properly and intelligently applied. We are dealing with simple cellular exudation alone, unconnected with the presence of pus or encysted serum, and uncomplicated by tubal or ovarian disease. When the cases are recent the cure, both pathologic and symptomatic, is rapid; when older, it requires more persistent and prolonged applications for the disappearance, though the relief from suffering is marked. These cases are walking ones, and can be treated at the office. Puncture, in my opinion, is unnecessary in the majority of cases, therefore the internal electrodes are simple and few in number. As vaginal electrodes, I use the cylinderical electrode of copper, nickle plated, covered with absorbent cotton, and dipped in solution of boric acid, for the negative pole, and a ball of clay, with a carbon centre, wrapped in absorbent cotton and sterilized with boric acid solution, for the positive pole. The uterine electrode is the ordinary platinum. For the relief of pain the positive pole is used, because of its sedative action, but it is used for a short time only, for in these cases the absorption of inflammatory products being our main aim, the negative pole should be persistently used. I have obtained better results from the intra-vaginal than the intra-uterine method, the current passing

more directly through the indurated tissues. Intra vaginal is less painful, and consequently the necessary current strength can be employed with less suffering to the patient. The current is slowly turned on until the desired strength is reached, which is indicated by the milliampermeter. The length of the sitting depends upon the strength of the current, which should not be less than 75 nor more than 150 milliamperes. We gain nothing by making it too strong, and we lose everything by making it too weak. The average strength should be 125 milliamperes. If 75 milliamperes are given the sittings should continue eight minutes, lessening the number of minutes of the seances with the increase of the strength of the current, so that when the current strength has reached 150 milliamperes the sittings will be only three minutes in duration. The current should be turned off with as much care as it is turned on before removing the electrodes, to avoid shock. The sitting over, the patient should be directed to use a hot vaginal douche, and afterwards apply a tampon of absorbent cotton saturated with glycerine. Sittings should be twice a week at first, and later on once a week is often enough. In a case of uncomplicated pelvic induration symptomatic cure is effected in a very few sittings; cure of the lesion is slow but sure. Failure to ameliorate symptoms is an indication of complications. In old cases the disappearance of the lesion is slow, but more rapidly in the more recent ones, requiring months in the former and weeks only in the latter.

Extra-uterine pregnancy should be treated with electricity before the fourth month and before the rupture of the sac. The habitual safety and efficacy of the electrical treatment is attested by many gynecologists who have successfully used it, especially before the third month. Some gynecologists prefer the faradic current, while others use the galvanic current. It would seem that the interrupted galvanic current would be the most suitable, as the electrolytic effects would promote absorption. A current strength of from 10 to 30 milliamperes should be used. The sittings should be daily and of ten minutes each, one electrode being applied over the tumor externally and the other against the most prominent part of the swelling in the vagina.

As electricity has proven a precious auxiliary in gynecology, so in surgery it will be found a faithful guide in confirming or rectifying a doubtful diagnosis, hastening or indicating an operation in which, at the outset, the necessity does not appear inevitable. It will put an end to uncertainty of diagnosis, which has heretofore justified the mania for exploratory laparatomy, often the source of irreparable surprises.

Two questions of great interest, and difficult to solve, constantly present themselves in gynecology. Are the appendages diseased? If so, is pus present, and what is the degree of inflammation? Bi-manual examination being usually insufficient to solve these questions, electricity must be used to aid in solving them, and before having tried this method of

diagnosis exploratory laparatomy should occupy the same position as castration practiced for ovarian pain, or for lesions of the uterine appendages of a doubtful nature. Either of the currents, faradic or galvanic, will aid in determining the nature of the disease of the parts in question. No gynecologist should any longer be ignorant of the efficacy of the faradic current of tension in ovarian neuralgia of hysterical origin. When it fails there exists a concomitant inflammation demanding galvanism or operative interference.

Here then the electrical current furnishes a precious element in diagnosis. The existence of ovarian reflexes and salpingitis is conclusively demonstrated by the galvanic current, and with precision will determine whether the uterine periphery is the seat of supperative inflammation, requiring surgical intervention, or whether the case is in the domain of conservative gynecology.

In hypertropheid or fibroid uterus, with or without endometritis or inflammatory lesions of the appendages, intra-uterine galvanization, in strength up to 150 milliamperes, is absolutely harmless, if proper antiseptic precautions have been taken. Acute inflammation of the ovaries or tubes and all suppurations in the pelvis predispose to considerable post-operative reaction following galvanism.

The sensitiveness of the uterus to the galvanic current is therefore vassal and tributary to that of the appendages. Absolute tolerance of the uterus indicates healthy appendages; its intolerance corresponds to the degree of inflammation of the appendages. This is proven by cases in which the uterus was intolerant before the removal of the diseased appendages, recovered after the operation a tolerance nearly identical with that conferred by physiological integrity of the appendages. Post-operative reaction, which shows itself after galvanic applications, must not be confounded with the intolerance of hystercial women. If galvanism, administered with the current strength of from 20 to 50 milliamperes, awakens great susceptibility; if it be followed by painful febrile reaction; if this intolerance for the mildest current increases with each seance, though great prudence has been exercised in the administration, then the periphery of the uterus is the seat of a lesion not amenable to conservative treatment, and the patient should be advised to undergo a surgical operation.

Puepural Sapræmia.

By W. E. Fitch, M. D., Durham, N. C.

Written for the Charlotte Medical Journal.

Hamilton in a recent work upon pathology calls attention to the fact that a patient may absorb toxines secreted by germs growing upon a putrefactive focus before these germs have themselves found their way into the blood. Such a condition of poisoning is termed Sapræmia.

The cause of this condition are those which produce necrosis of tissue, and introduce into these necrotic tissues infective germs. The fate of these germs will depend very much upon the condition of the patient's blood serum. In some the bacteria of suppuration grows luxuriently with abscess formation and Pyæmia promptly follows; in others, while bacteria may flourish upon the patient's tissues, they fail to increase rapidly in number, the product secreted by these bacteria comprise the toxines of Sapræmia.

CAUSES.

In Sapræmia we have certain micro-organisms acting upon retained portions of the placenta membranes, blood clots or lochia; the decomposition of the matter retained and the absorption into the system of the products of this decomposition. Concerning these statements, three pertinent questions may be asked:

1st. What is the evidence of the presence of micro-organisms?

2d. What is known of the chemical nature of compounds formed by these organisms?

3d. What is known of the poisonous effects of these compounds?

The evidence of the presence of micro-organisms is abundant, and is either direct or indirect, directly they have been found by all who have examined decomposing animal matter microscopically; indirectly by the establishing of the fact of the presence of putrefaction. Putrefaction is the decomposition of albumen compounds under the influence of heat and moisture, and certain micro-organisms. The albuminoids present may be in the form of placenta, membranes, blood clots, or lochia. The two con ditions of heat and moisture are always present in the living body, so that the very fact of putrefaction is the positive evidence of the presence of micro-organisms. The putrefaction can in many cases be discovered by the odor of the hydro-sulphuric acid and ammonia compounds evolved.

Much labor has been expended by Brieger, Gautier, Vaughan, Gwaritz, and many others in studying the compounds formed during putrefaction. It is true that the compounds formed during the first few days of putrefaction have not been worked up so carefully as the ones occurring later in the process, but enough is known to show that certain alkaloid compounds are formed at all stages, and that these animal alkaloidal ptomains differ according to the micro-organisms present, and the length of time that the process goes on. Ptomains and their salts like other bodies of a simular chemical nature, pass rapidly through animal membranes, this fact explains their ready absorption from any cavity containing them into the system.

Practically speaking, Sapræmia is most often observed after tedious labor, in which injury to the soft parts of the mother has taken place. Close observation of the interval elapsing between the end of the third

stage of the labor, and the first symptom of poisoning, shows that the danger of absorption begins in some cases as early as twelve hours after delivery. The symptoms of Sapræmia come on as a rule at the end of the second day, often near the end of the third day. There may or may not be a chill. When there is a chill it is often followed by another, the temperature rises at once, often to 105 degrees F, and in nearly all cases to and above 103 degrees F. The pulse is very rapid, varying from 100 to 140 per minute; the respiration is increased to 30 or 40, or even more, per minute. For some days there is maintained a certain relation between temperature, pulse, and respiration. Any agent that reduces temperature also reduces pulse and respiration. The temperature does not follow any diurnal course, but fluctuates greatly, the possibility of drainage effects the temperature more than any thing else. The condition of the skin is not alike in all cases. In some it remains cool, in others hot and dry, and still in some cases there is considerable sweating. In some cases the brain does not seem to be effected, but in many, with high temperature, there is somnolence. One patient under my care would sleep continuously. She could be aroused without difficulty, and when awakened her mind was clear, but when left undisturbed she would in a few moments drop off to sleep.

The uterus is large and flabby, so flabby that it is often with difficulty that it can be outlined through the abdominal walls, and extends to and often above the umbilicus, it is not painful on pressure. In all cases the lochi has an offensive odor. The absence of this sign should be looked upon as precluding Sapræmia.

It is a peculiar odor of putrefaction that when once your olfactories become acquainted with it an impression is left never to be forgotten. When the odor is marked it is of very great importance, but there are many cases where antiseptic vaginal douches have been used, the odor will be so slight as to escape detection in cases in which the flow of milk has been established before the beginning of the fever. It is suppressed in cases where the fever begins before the milk flow; the flow does not begin at the usual time. In a majority of the cases the milk flow does not begin until after the recovery of the patient.

Galabin says: "Where there is septic infection with putrid intoxication, there is contagion." And while I believe that Sapræmia is not contagious to the degree that Septicemia is, still it should not be forgotten that we have been going on a morbid process, due to the presence of micro-organisms; and the introduction of these micro-organisms into a suitable nidus, will certainly set up a similar process.

PROPHYLACTIC TREATMENT.

Prophylaxis means simply surgical cleanliness of the patient, attendants, and all appliances. I will not take up your valuable time reviewing

various methods with which you are all familiar, but give you briefly the method that I usually employ with "lying-in-women." When engaged before labor, I direct the patient to take a full bath, with clothes fresh from the iron after each bath. After labor begins, if there is time to take a full bath, it is so ordered; if not a sponge bath, with a liberal quantity of soap, from above the umbilicus to the knees, and a rince followed with a corosive sublimate solution, strength, 1-2000, and a vaginal injection of a 1-5000 corosive sublimate solution. A long gown, fresh from the iron, is then put on the patient.

No physician who is attending a puerpural patient, nor one with diphtheria, erysipelas, scarlet fever, or any acute contagious disease, should attend a case of labor. I make my hands, nails and arms as clean as soap and water can make them, and use carbolized oil or carbolized glycerine as a lubricant; the number of examinations are as few as possible. I like to have the bed prepared with a rubber sheet to prevent the discharges soaking into the bedding. The labor is not considered completed until the genital tract is thoroughly emptied. It is thought safer to remove bits of placenta and shreds of membrane with the hands or a dull curette, than to allow them to remain. In all cases the external genitals are washed and freely dusted with powdered boracic acid. The secundines are taken from the room at once. No vaginal injection is used unless there is special indications for its use.

TREATMENT.

From the nature of Sapræmia the treatment easily falls under four heads,

1st. To cleanse the parturient canal.

2d. To secure tonic uterine contractions.

3d. To control temperature.

4th. To support the patient.

Keeping the vagina and the vulva properly cleansed is a matter easily accomplished by the use of external washes and vaginal douches. The vaginal injections are ordinarily some of the antiseptic solutions, preferably corosive sublimate, or the permanganate of potash. A vaginal injection should be given preparatory to all uterine operations. The cleansing of the cavity of the uterus presents some difficulties and more methods on account of its efficiency. I place intra-uterine injections as the first and most efficient of these methods. I always use for a intra-uterine wash a 1-5000 solution of bichloride of mercury. The syringe best adapted to the intra-uterine injection is the Davidson syringe, with a small rectal nozzle, and attached to this a soft gum catheter, size 15 American caliber. The catheter is grasped between the index and the middle finger, and carried to the osuteri, and slowly and carefully introduced. The solution

is then forced through the catheter into the uterus until it becomes clear and free from shreds and blood clots. Usually about two quarts of water will meet the requirements of the case. After the injection is finished, instead of removing the whole instrument the nozzle is slipped out of the catheter and the latter left in so as to insure the exit of all of the injected fluid. The catheter will soon come out of itself, when it should be washed and placed in a 1-20 carbolic solution. In some cases, particularly where there are retained bits of placenta, the douche will fail to bring them away. In such case a dull curette should be used, but not until the douche has failed.

Put the patient in the left lateral position, scrape out the entire uterine cavity and follow with an intra-uterine injection. To secure contraction of the uterus, 15 to 20 minims of the F. E. Ergot given every hour. If the interval between doses be as long as two hours the uterus relaxes and increases the opportunity for accumulation and absorption of the products of decomposition. The same quantity of ergot does not act alike in all cases, and must be given to suit the idiosyncrasy of the patient until the uterus is firmly contracted and kept so. Some stomachs will rebel at the use of ergot. In such cases the extract of ergotine, or the orgotol, prepared by S. & D., given hypodermically, acts very pleasantly. Put the needle in its full length in the outer and lower side of the thigh, there is no fear of abscesses. When the temperature is not at once controlled by the uterine douche, some antipyretic may be given, but if the uterus is thoroughly cleansed and permanent contraction secured and maintained, there will not be much need of antipyretics. To promote drainage the patient should be raised to a setting posture to attend to the calls of nature. At least a part of the time she should be allowed to be raised a little with the back of a chair under her shoulders, and at the earliest possible moment gotten out of bed. Nutritious and easily digested food should be allowed in as large quantities as the patient can be induced to take. Milk given regularly every two hours is a good food. Cases where there is much weakness good brandy may be used to much advantage, given at stated periods.

The Value of Pilocarpine.

By G. Walter Barr, M. D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Keokuk, Iowa.

Written expressly for this Journal.

Jaborandi and its fluid extract were introduced some years ago, and the pharmacopœia of 1890, in force January 1st, 1894, changed the official title to pilocarpus, a more scientific nomenclature. While this drug has been used to some extent, it has not been one of the favorites of the profession for a reason connected with its chemistry and pharmacology. Pilocarpus contains at least two alkaloids upon which its physiological

action depends—jaborine and pilocarpine. It happens that jaborine has the same chemical formula as has pilocarpine and for a long time it was not isolated as a separate active principle, but was considered to be pilocarpine itself. Many alkaloids which are isomers chemically have very different dynamic effects upon the human body, and these two found associated in pilocarpus are a marked example of this fact.

Jaborine has a physiological action nearly or quite identical with atropine, and almost perfectly antagonistic to that of its twin sister pilocarpine. The action of the crude drug and its fluid extract depend entirely upon the proportion of each alkaloid which the given sample contains; if jaborine be present in greater dynamic quantity than is pilocarpine, the action will be the reverse of what will obtain under converse conditions. Indeed it is only recently that pilocarpine uncontaminated with jaborine could be obtained, and for a long time a battle royal raged as to what the physiological action of pilocarpine itself really is, owing to many experimenters using a sample of the alkaloid which contained jaborine and which of course produced opposite effects from that which others obtained from pure samples. Meeting this uncertainty of action from the fluid extract, the general profession tended toward more certain drugs, and the value of pilocarpine, in the opinion of the writer, has never been fully appreciated. The following refers to pure pilocarpine which can be now obtained from any of the larger makers of chemicals and hypodermic tablets.

The most apparent action of the alkaloid is very great sweating or increase of salivary secretion, one or the other predominating. But the dynamic manifestations upon the cells of the body which are most valuable are shown in the sympathetic nervous system. The end organs of the sympathetic are paralyzed throughout the body and the effects of this are far-reaching. Paralysis of the sympathetic always means increase of glandular action and dilatation of the arterioles. Every gland in the human economy is stimulated by pilocarpine to a maximum degree, and at the same time the dilated capilaries with the resulting increased heart-rate rush the blood along through every organ; destructive metamorphosis is increased as if a Hercules was cleaning the Ægean stables. The increased heat radiation which results lowers the temperature; and the direct action upon the sympathetic lessens the force of the heart. All of this is paresis from overstimulation, the primary stimulation being of short duration and the sensitive cells of the sympathetic system soon succumbing to over-action.

The dose of any drug is that quantity which will produce the dynamic effect requisite to remove the pathology in the given case; and this is especially to be borne in mind as regards pilocarpine. Whoever expects to produce therapeutic results with a sixth of a grain, a third of a grain, or any other definite quantity, will be disappointed—the dose is

sufficient to cause a certain degree of dynamic energy to be exerted upon and manifested in the cells of the body; no two individuals have the same degree of sensitiveness of sympathetic cells, and no two require the same weight of alkaloid at one administration.

The greatest value of pilocarpine is in the treatment of erysipelas. DaCosta first enunciated this in his lectures at Jefferson; and while some of his disciples have been using the pilocarpine treatment for years, it is not very generally known to the profession. Improperly used pilocarpine is valueless; properly used in erysipelas it gives brilliant results. First, it is necessary to ascertain by gradually increasing doses how much of the alkaloid is necessary to produce marked sweating or marked salivary secretion—and these are always seen in inverse ratio. Then this efficient dose is to be given, repeated in two hours, and after an interval of six hours another pair of doses, two hours apart, are administered. If this is not sufficient to cure the case, the procedure is repeated in six or twelve hours. The disease is nearly gone soon after the fourth dose as a rule, and in any event the duration of the disease is not over three days—with the important exception that in cases not seen in the first week this treatment does little good. The earlier the pilocarpine is administered, the shorter will be the duration of the disease.

Pilocarpine is one of the most valuable drugs for local application to stimulate the growth of the hair. A fluid extract of pilocarpus known to have pilocarpine predominating over jaborine by reason of previous internal administration is the most eligible preparation for this purpose. It may be added to any oleaginous or alcoholic prescription containing other drugs in such proportion that fifteen to thirty minims will be rubbed into the glands of the scalp at each application.

The action of the drug upon the glands of the body make it of great value in the treatment of agalactia, which is purely functional and not due to gross anatomical changes.

The same action upon all the glands and the circulation as mentioned above as increasing destructive metamorphosis make pilocarpine a valuable adjuvant to mercury or the iodides when the latter are used for their so-called alterative effect. The dose here is not enough to produce marked sweating, but a quantity just short of this. It is especially useful when there is a tumor or hyperplasia to be removed.

A hypodermic injection of from one-sixth to one-fourth of a grain has in my hands aborted the chill of intermittent fever, even after considerable rigors appeared and the patient seemed to be near the acme of the paroxysm. The symptoms all disappeared in five or ten minutes and no fever followed, the patient being apparently in normal condition.

I have omitted reference to the use of the drug to relieve dryness of the mouth, to promote the excretion of urea in uræmia, to relieve various ophthalmological diseases, and some others, as the object of this article is

to call the attention of the general practitioner to some uses of pilocarpine which are pre-eminent and not so well known as they should be. The principal motive is to call attention to the reason for uncertain results which resides in the chemistry of the crude drug and the contaminated alkaloid, and which has caused too little attention to be paid to its therapy. Other most important uses for pilocarpine in new therapeutic fields, but of course growing out of its very energetic dynamics, are on the horizon but are not yet sufficiently worked out to enable one to predicate much as a certainty.

It is inevitable that a drug which acts so energetically as does pilocarpine contains within its molecules a great force which is benificent or not depending upon the thing against which it is directed. The same physiological energy which is of so great value in removing certain pathological conditions is at the same time acting on all the body as well as on the special part affected by disease. When some certain cells are supersensitive the action upon them may be out of proportion and that particular part receive a dose dynamically too large with dangerous toxic results. The danger from pilocarpine is especially in two directions: too much paresis of the heart force; and too much secretion from the glands in the membrane lining the bronchioles. Heart failure is best combated with strychnine. For the pulmonary œdema of pilocarpine toxism the writer has not found an adequate antidote. In some cases doses which are merely medicinal as regards the dynamic effect upon the rest of the body cause such an influx of fluid into the lungs that the patient dies from slow drowning. Atropine at once suggests itself to counteract this condition, but atropine in sufficient doses to produce a markedly drying effect is at the same time increasing the rate and decreasing the force of the heart exactly like pilocarpine, and heart failure is in the way. I have used all sorts of combinations of drugs in an effort to produce a physiological action which would counteract and remove this pilocarpine hydrothorax, but without much success. The œdema is most apt to occur in children and in old persons. It is easily prevented by not giving enough pilocarpine to produce it; and as been said before the administration should always begin with a small dose to be gradually increased to the effect desired. The hydrothorax does not occur from the use of the fluid extract of pilocarpus, probably from the antagonistic action of the jaborine. It has been reported that pilocarpine produced miscarriage in late pregnancy, but the writer doubts whether the alkaloid was the real cause in these cases. Nausea and vomiting are commonly produced by doses sufficient to have much effect, when the administration is by the stomach. When given hypodermically, nausea seldom occurs, and that produced by previous stomachic administration generally disappears when the syringe is brought into use.

DERMATITIS VENENATA.

Remarks Upon its Nature and Treatment,

By J. Abbott Cantrell, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine, Dermatologist to the Philadelphia Hospital and to the Southern Dispensary, Philadelphia.

Written expressly for this Journal.

As the season of the year approaches when we are likely to be summoned for advice in cases of ivy poisoning, it is well that we know something of its appearance as well as the mode of treatment that may best relieve the condition, and together with you I will survey its lesions, from their first showing themselves until they are mature. Following this I hope to be able to show some easy means of combating the disease.

Before proceeding to the appearances of the lesions we should know that ivy alone does not produce this affection, but we are indebted to poison oak, sumack, and about sixty other plants for its appearance, which have been collected in an admirable treatise by Prof. James C. White (Dermatitis Venenata, Boston, 1887).

The eruption is first noticed as an erythema, scattered over a large or small area, with this we may be confronted with decided œdema and swelling, or this may not be witnessed until after the appearance of papules, which show themselves over the erythematous patch. These papules are small, pin point to pin head sized, as first seen, rapidly becoming larger, and as they become so changing into vesicles. After the formation of these vesicles we have the characteristic lesion of the disease, as it is usually seen, because persons so affected do not as a rule show themselves until this stage has supervened. These vesicles ordinarily increase in size, some of them being as large as an ordinary bean, but most of them remaining about half pea size.

The tendency of the vesicles is to break down, but previous to this condition taking place the walls of each cavity is found to be very thick and tough, and they resemble a boiled sago grain. Their color is a dark yellow, and from the external appearance their contents seem to be different from ordinary vesicles, that is, that it appears to be gelatinous or semi-solid. We have an area of diffuse, (acute though not of high color,) inflammation being covered with numerous vesicles, which are discrete although closely packed, and after a time coalescence may take place, showing a flattened lesion. Following this the lesion ruptures and throws off a yellowish gummy or gellatinous fluid, which adheres closely to the parts and forms a decidedly thick and tough crust. Upon removal of this crust the parts are found to be denuded of epithelial tissue, and to be of a highly inflamed character, very sore to the touch, and otherwise to feel very disagreeable. The parts of the body usually affected are those which

are constantly exposed, as the face and hands, but the process may extend to the adjoining parts. If at any time the person is exposed to the action of the poison in a nude state, as when in river bathing, some other part of the body may show the condition.

It may be well to mention, at this part of the paper, that it is not alone the touching of the plants that may affect one, but some are liable to the affection if they happen in the vicinity of the plants.

If it is produced by some irritant taken internally the condition may be found anywhere on the body surface, and here the appearances of the skin manifestation are the same as when the disease is contracted by the poison coming into contact with a single locality. While the disease is not considered contagious it has nevertheless been communicated from person to person, and an instance of this is recorded by Prof. White (loc cit) in which a boy who had been in poor health had taken a bath in the river, at which point there were no poisonous plants, the body being rubbed by a servant, who himself had not been susceptible to the poison, but who had handled it a short time previous, but had cleansed his hands thoroughly before the rubbing process. The disease was contracted by the innocent boy. Another instance is recorded by myself (Medical News, Oct. 24, 1892,) in which nurses carried the affection to a parturient woman, although their hands had been thoroughly cleansed by watery solutions and by a bichloride wash. In the latter case the condition was noticed upon the abdomen, which had been handled by the nurse in dressing the patient. So, therefore, even though the disease is generally a harmless one it is wise not to place any one who may be in delicate health or in otherwise a position to take the poison, in harms way.

The diagnosis is generally an easy matter when we take into consideration the character of the lesion, its mode of invasion, its apparent suddenness of onset. After the process has lasted awhile we may judge from the peculiar vesicle, its discharge of a gummy liquid and the peculiarity of the crust which is generally profuse.

The prognosis is favorable at all times, but we should be aware of its decided intensity of inflammation, its tendency to spread, and the consequent œdema and its apparent powers of swelling.

Thoroughly understanding the affection before us we direct our attion to those remedies which have the power of arresting inflammation, and the one that will perform this action the more quickly is the one to be chosen.

Hyposulphite of sodium has its followers, and may be used in strengths ranging from one dram to the ounce of water, or saturated solutions of carbonate of sodium may give the desired effect.

I myself had been in the habit of using the fluid extract of grindelia robusta in the strength of two drams to the pint of water, and keeping this in constant contact with the affected area, but I found that if the part was

thoroughly saturated with it too frequently that it was liable to set up a decided inflammation, which, added to the original trouble, was often very rebellious, and as this remedy generally took about two weeks to bring about a cure I naturally was on the look out for an application that would give the desired effect somewhat sooner, and following this idea I made some experiments with the chlorinated soda solution (laborraques solution) and found that with it I was able to cure my cases in a much less time. After using this remedy in some one hundred cases I found that by using it frequently in strengths varying from its undiluted state to one-half strength that my cases were relieved in from four to seven days, I naturally have placed the grindelia robusta solution aside. In making use of this remedy I generally advise its application in one-half strength in those cases which are seen early and where the inflammation has not as yet reached a high degree, especially in the erythematous variety, but in the more advanced cases where the inflammation has become a decided symptom I advise it in undiluted solution.

Following this I further made experiments with a still later drug, salol, and found that it gave very good results in all of my cases, and I here include one of the more aggravated.

A boy aged 14, presented himself for treatment on the 9th of August last, complaining of an eruption on the upper portion of the face and surrounding the left eye, also on the neck, upper part of the chest, about the wrists and on the dorsal surface of the hands and fingers. He stated that it was of five days duration, and that he had been visiting one of the near by pleasure grounds and had probably contracted it in this manner. The face was decidedly swollen and œdematous, the left eye being almost closed. This condition of the face was more of the erythematous variety, although beginning to show the formation of vesicles. The lesions on the other portions were distinct, discrete, although closely aggregated vesicles, filled with pure serum. The parts other than the face did not show great puffiness, although there was some tendency in that direction.

He was ordered thirty grains of salol, which was dissolved in one ounce of liquid cosmoline, and admonished with the direction that this application was to be kept in constant contact with the affected regions.

August 11th. The condition on this date showed almost entire disappearance of the swelling of the face. The lesions situated on the face and upper part of the chest, have left simple spots of redness, and in places look like enlarged papillæ. The face is crusted, but this is most likely the thickened cosmoline remaining on the surface. The lesions on the left hand are distinctly vesicular, although some seem to contain a sero-purulent fluid. The lesions in this locality have not ruptured, with the exception of one or two around the sulci of the fingers.

Here and there is an admixture of dead epithelium with the peculiar gummy discharge of the disease. The lesions are all of the sago grain

appearance as usually observed in this disease, with the exception of one patch over the lower end of the radius (dorsal surface), which seems to have run together, resembling an eczematous condition, although somewhat raised and reddened in color, without any areola. The lesions on the right hand show exactly the same condition, with the exception of a patch on the flexor surface, slightly above the lower end of the radius; this resembles to a great extent, the scratch-marks due to the friction for the relief of the itching.

The boy returned again on the 15th of the month and the parts showed only a slight redness; there was no itching or other uncomfortable symptoms. He did not return after this date.

Following the remarks above quoted, I have reason to believe that the treatment of this affection will prove very beneficial in a short time, and that in the more aggravated cases the feelings of the sufferer will be the more quickly mitigated.

So numerous are the remedies that are recommended for the treatment of this disease I think it would be a waste of space to refer to them more than in a general manner, and while they can be relied upon in some of the milder cases to give relief and cure, I can not think that there is any drug that will give it so soon and the relief so quickly as either the Laborraques solution or the Salol as mentioned. I should advise either of these remedies in the strength mentioned above, and further, that they may be kept in constant contact with the parts without the danger of increasing the inflammation, as may be done with some of the remedies that have been recommended. I have at times dissolved thirty grains of salol in ether, and found that its action was the same as that produced by its solution in liquid cosmoline, without the tendency to increase the greasiness of the part, but the ether evaporates so quickly that I feel that the soothing action of the liquid cosmoline is more appreciated.

Some Considerations of Special Importance in the Management of Chronic Cardiac Diseases.

By Robert H. Babcock, A. M., M. D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons, Attending Physician Cook County Hospital, Chicago, Illinois.

Written expressly for this Journal.

It would be manifestly impossible within the limits of this paper to discuss in detail the treatment of chronic diseases of the heart. I shall confine myself, therefore, to a consideration of general principles, believing that a knowledge of these must necessarily underlie correct therapeutics. The term chronic cardiac disease includes a variety of conditions which often present individual problems, requiring modifications of the principles applicable to the management of all, [and he who would successfully treat

cardiac patients must be alive to the importance of recognizing the exact nature of the affection. It is not sufficient to merely determine for instance that a valvular lesion exist without knowing what valves are affected, Moreover, dilatation and hypertrophy, without valvular envolvement, often require a different management from c ses of chronic endocarditis.]

The first thing the practitioner should attempt to decide in any given case of cardiac disease is whether or not compensation is preserved, for upon this rests the whole management of the case. It is in this stage when compensation is still maintained or perhaps is threatened, that the wise physician can be of a valuable aid to the patient in the prolongation of his life. Therefore, in this paper, I shall confine myself to the principles governing this stage of the disease.

The whole aim of treatment at this time should be to maintain compensatory hypertrophy. The thing of prime importance, therefore, is the regulation of exercise.

Muscular efforts augment arterial blood pressure through constriction of the arterioles within the area of the contracted muscles. Gentle exercise, therefore, induces after a time cardiac hypertrophy in the same manner as it increases the volume of any other striped muscle. On the other haud sudden efforts or violent physical exertion causes distension of the cardiac cavities through increased intra-cardiac blood pressure, and may, thereby, lead to dilatation instead of hypertrophy. If the left ventricle be the chief seat of weakness and already dilated as in aortic insufficiency or enlargement of the heart without valvular disease, sudden augmentation of intra-cardiac pressure may occasion diastolic arrest; or if so dire a catastrophe does not follow immediately, compensatory hypertrophy is never established. In mitral incompetency increase of intra-cardiac blood pressure makes the regurgitation all the greater. Moreover, muscular exercise causes a more rapid flow of blood along the systemic veins and the deepened inspirations attendant upon exercise aspirate the venous blood more fully and rapidly into the right auricle. The right ventricle pumps more blood into the lungs than can pass out again in the face of the existing mitral disease, whether regurgitant or obstructive. In stenosis this impediment is the greater, and, therefore, exercise more quickly induces breathlessness in patients with mitral constriction, than in cases of incompetence. These considerations make it apparent that carefully regulated exercise may be made a most salutary means of strengthening a weak heart; while injudiciously taken, it can readily break down the compensation already established. It is this principle of carefully graduated exercise that underlies Oertels method of mountain climbing, and which makes it injurious to patients in whom compensation has been lost

The great Stokes was the first to recommend systematic exercise and von Ziemssen narrates that Stokes once called his attention to two patients both with aortic insufficiency, who had become able to endure most violent

physical exertion. One was accustomed to run behind his dog-cart, while the other would follow a plow for days at a time. This latter patient died unexpectedly of pericarditis, while von Ziemssen was in Dublin, and this physician was able to get possession of the heart. It weighed six pounds and was a most remarkable example of the *corbovinum*. Nevertheless such instances as these are so exceptional as to emphasize the rule that exercise had better be moderate. Sudden and violent efforts, such as dancing, running, bounding up strairs, springing suddenly from a recumbent to an upright position, carrying heavy burdens, and the like, should be interdicted; absolutely so in the case of mitral stenosis. I have known a young man with mitral insufficiency to play lawn tennis, and an other with aortic insufficiency foot ball. But this latter is now under treatment because having seriously impaired his compensation.

Walking moderately and not tôo far at a time is beneficial in several ways. So also are light calisthenic exercises, and I make use of these latter as a part of the so called Schott method in the treatment of appropropriate cases. I now have under observation a boy of twelve years, who was given up to die last October with dropsy and all other symptoms of cardiac asthenia, due to mitral regurgitation. For weeks great hepatic enlargement persisted even after he was up and about in spite of vigorous derivative treatment. Light carefully given exercises under my personal supervision have reduced his liver nearly to a normal size, probably through an aspiratory effect upon the hepatic vessels, produced by the arm and chest movements.

The length of time that should elapse between the taking of food and exercise depends upon the condition of the heart.

If compensation is perfect, moderate walking soon after a meal may be permitted if it does not produce dyspnœa. If compensation be threatened the patient should remain quiet for one or two hours. If compensation be defective exercise should not be permitted under four hours after food.

This subject of exercise now brings us to the consideration of the occupation suitable to cardiac patients. This depends in a measure on the nature of the lesion, since aortic patients can usually indulge in greater physical effort than those with mitral disease, as already stated. Laborious occupations are manifestly unsuitable, as are also those involving much nervous excitement. Prolonged efforts at public speaking or singing are bad for mitral patients, because of the strain on the right ventricle. Young people with mitral disease had better follow sedentary pursuits, such as involve desk work, clerking where there is no heavy lifting, telegrayhy, stenography and typewriting, typesetting, sewing and kindred pursuits. Dentistry is far preferable to medicine as a profession for such patients, while if in law, they should choose office work rather than the trying of cases. Out-door occupations, involving light manual labor, are

particularly suitable to aortic cases, landscape gardening, market gardening, stock raising and the like. Cabinet making, painting, upholstering and so forth are also vocations open to cardiac sufferers.

This list is not complete and serves merely as in index to the kind of work open to these patients.

The next consideration of importance is that of the habits. Tobacco is universally held to be injurious to individuals with organic heart disease. Nevertheless in cases of good compensation I permit the smoking of one or two cigars or one or two pipefuls during the day after meals to persons already addicted to this habit. Cigarettes are relentlessly forbidden, because cigarette smokers inhale the fumes, and thereby favor not only rapid absorption of this cardiac poison, but sets up irritation of the bronchial mucosa already irritable because of pulmonary congestion. Alcoholic beverages may be permitted with the meals to individuals accustomed to their use, but should be restricted to light dry wines or whiskey and water. Malt liquors and champaigne are not suitable, largely because they not only distend the stomach through their carbonic acid, but according to Sommerbrodt, increase arterial tension. If alcoholic liquids be allowed the patients should be carefully warned against over indulging to the extent of intoxication or materially accelerating the pulse rate. Sexual indulgence should be very moderate, and if it occasion cardiac excitement may even necessitate abandonment until the strength of the heart has been improved by appropriate treatment. In elderly men with degenerated myocardium the sexual act has been known to prove immediately fatal. In females, particularly with mitral disease, pregnancy and gestation are often attended with so much danger that this fact should be explained as an additional inducement for great self-restraint, particularly on the part of the husband. I have more than once been called on for opinion as to the advisability of marriage in such cases, and in consideration of the disastrous effects on the health of despondency and disappointment I have thought it prudent to permit marriage with the understanding that the patient was not to become pregnant. When, however, such a contingency arises the patient should understand the importance of early consulting a skillful physician who may watch the progress of the pregnancy prepared to interfere so soon as necessary.

Of quite as great importance as the control of exercise, occupation and habits, is the regulation of the diet.

This should not consist merely in ordering the patient to eat plain and easily digested food, but includes the regulation of the amount taken at each meal, the time of eating, and the kind with special reference to the proper proportion of the nitrogenous and non-nitrogenous constituents.

1st. Cardiac sufferers should eat rather sparingly to avoid over-loading the stomach. In mitral disease, particularly chronic congestion of the abdominal organs, leads to alteration in the amount and character of the

Pain in the region of the heart is very common during compensation and is by no means always of the character of angina pectoris. Very frequently it is a dull, oppressive, some times sharp stitch-like pain in the second, third or fourth intercostal space, two or three inches to the left of the sternum. It is in the area mapped out by Head, of England, for pain of cardiac origin, and is really an intercostal neuralgia. Anodyne or stimulating liniments some times relieve, but by no means always, in many instances the pain yielding only with improvement of the primary affection. When angina pectoris is a symptom, compensation can hardly be said to exist, and for this as well as other reasons, its treatment will not now be considered.

Finally, intercurrent diseases, such as bronchitis, diarrhœa and all affections characterized by sepsis and fever require prompt and energetic treatment. The resistance of the heart is below par in every instance of organic disease. In mitral cases so apparently simple a thing as a cough may break down the compensation of the right ventricle. It should be allayed, therefore, when this will not lead to dangerous accumulation of bronchial secretions. Phosphate of Codein is by all odds the best remedy for this purpose in doses of one-half or one grain by the mouth, P. R. N. Sleeplessness, if at all chronic, should be overcome, and in this class of cases the best hypnotics are chloralose, 2½ to 5 grains, and chloralamide, 15 grains, combined with the same amount of potassium bromide. Chloralose is said to be safe even up to 15 grains, and to slow rather than accelerate the pulse, being for this latter reason preferable to chloralamide. Sulphonal seems to exert slight if any depressing action on the heart, but is objectionable because lessening excretion of urinary solids.

Even at the expense of repetition, I desire to conclude with the injunction: Do not consider the mere existence of an organic defect of the heart an indication for the administration of digitalis, strophanthus and the like. A damaged heart may, nevertheless, be a good pump.

Venetian Building.

A Contribution to Antitoxine Evidence.

By Henry Denny Thomason, M. C., M. D., Albion, Mich.

Written for the Charlotte Medical Journal.

The subject of paramount interest to the medical world at this writing is unquestionably antitoxine. Every physician in general practice, or in special lines of work, who frequently or occasionally is called upon to assume the grave responsibilities of attending cases of diphtheria, is watching with almost feverish interest, anxiety and hope the final verdict of the medical courts regarding the recently introduced means of combatting one of the most appalling diseases modern medicine is called upon to meet. While the great mass and weight of testimony thus far has been in

favor of the potency and value of this new star of hope that has arisen in the medical horizon, yet the fact that but a comparatively short period has passed since Berhing heralded its discovery, and during this time reliable obtainable quantities of the serum have been so limited, the occasional but positive reports of its inefficiency, and above all the memory of Koch tuberculin, and other lauded specifics, must cause even the most enthusiastic and hopeful to pause and await further evidence. As yet the profession at large remains to be heard from, sufficient opportunity has not yet been given to thoroughly test its value. The only authenticated data thus far is from tabulated cases treated under the most favorable conditions, mostly hospital reports, and while these are of unquestioned value, the final verdict cannot be passed until the voice of the profession at large is heard.

Statistics made from a series of cases treated in a hospital, equipped with all modern means, methods and appliances, where the most skilled treatment, management and nursing is to be had, is one thing, while statistics gathered from cases met and managed in crowded tenement districts of a great city, or the cross roads in the country, may be quite another. Again, epidemics vary in severity. It is not uncommon to meet with a series of cases in one year where the per centage of mortality will far exceed a series of cases met say a year later, and the identical general treatment and management employed.

The results of one year's treatment of diphtheria are not sufficient to establish fully the positive claims of ardent advocates for any new therapeutic method. The character and virulence of cases a year hence may be entirely different from those we are meeting at present. However, it is manifestly the duty of physicians to report results of antitoxine treatment, so that as soon as may be the profession may have intelligent data and evidence to form positive and distinct opinions relative to a suject of such vital importance alike to the lay as well as the professional mind. It is with this object alone in view I present the results of my recent limited experience in the antitoxine treatment of diphtheria.

During the past twelve years the community in which I practice have been spared (until this last fall and winter) any sufficient number of cases at one time to be regarded anything like an epidemic. In a community of 5,000 souls there would not be to exceed half a dozen cases during the year, but there has been one marked peculiarity connected with these few cases that the most careless observer could not fail to note, viz: That the cases were, in nearly every instance, of a decided malignant type, and that recovery was the rare exception; the cases all were severe and in nearly every instance fatal, but during the past five months the cases, while they have been far more numerous, were, in my opinion, less severe. It is from some of these recent cases I purpose to give a brief history and draw conclusions based upon treatment conducted with or without antitoxine.

Case, No. 1.—Miss M. O., aged 17 years, sick 24 hours before seen, November 21, 1894. Well marked but not alarming case of pharyngeal diphtheria; membrane invaded, tonsils, uvula, pharynx, nares not involved; presence of Klebs-Lœffler baccilli demonstrated; albuminuria, pulse 110, temperature 102. Treatment consisted of internal administration of bichloride of mercury (1-30 gr. every two hours); liberal doses of tr. of iron and whiskey; daily hypodermics of 30 minims of nuclein, and local application to throat of iodiform; kept atmosphere of room charged with fumes of turpentine and oil of eucalyptus. Condition remained unchanged for six days, then gradually grew better, and at the end of twelve days recovery was complete with no sequelae.

Case No. 2.—Occurred in the practice of Dr. E. L. Parmeter—J. M. Strong, healthy, robust boy, aged 11 years. Saw the case in consultation December 18th and 19th, 1894, latter date with Prof. Victor C. Vaughan, M. D., of the University of Michigan. Here was a malignant case such as we had been accustomed to deal with in the past. Patient ailing three days before medical aid was summoned. When seen toxic absorption was already well marked, temperature sub-normal, pulse 90, but weak and unsteady; prostration marked; cervical glands swollen; thick blackened membrane covering nares; pharynx, tonsils, uvula, soft palate in abundant quantity. The gangrenous condition of the soft palate reached such a stage that the entire structure was removed with the dressing forceps. Treatment consisted of large and frequent doses of whiskey, liberal doses of bichloride of mercury, tinct. of iron, hypodermics of nuclein, inhalations of various sorts, thorough irrigations frequently repeated by means of a fountain syringe of peroxide of hydrogen (diluted one-half with water), followed by irrigation of a bichloride solution, 1 part to 3,000. Patient died the evening of December 19th.

Cases No. 3 and 4—Occurred early in January, both females, aged 7 and 33 years respectively. No. 4 contracted the disease in nursing No. 3. Both presented identical features with case No. 2, except, perhaps, to a somewhat less severe degree. Treatment was practically the same as No. 2 in both cases, but both died in one week after being taken sick.

Cases No. 5 and 6.—Were sick middle of January, 1895; male, aged 5 years; female, aged 8 years. Both cases milder, though quite sick. Klebs-Lœffler baccilli present. Similar treatment as above. Both recovered at the end of two weeks.

Case No. 7.—P., male, aged 42 years; patient, physician, contracted disease from constant attendance upon several cases. Seen January 19th, 1895. Membrane unusually thick and black, involving and completely covering both tonsils, uvula, and vault of pharynx. Pulse 120, temperature 104°; Klebs-Lœffler baccilli present. Patient unusually strong, robust man. This case had the advantage of the most intelligent care and

nursing. No antitoxine obtainable. His treatment consisted of the most thorough irrigation of pharynx and nares with hydrogen peroxide (one-half diluted), and bichloride (1 part to 3000) douches every 2 hours; nuclein gargle (3 per cent. solution) every hour; 30 minims nuclein hypodermically twice in 24 hours, and liberal doses by mouth of bichloride of mercury, tinct. of iron and whiskey. For three days membrane increased in thickness and invasion. On the fourth day slight improvement noticeable, and after this patient made steady improvement, and at end of tenth day membrane entirely disappeared; albuminuria continued a few days longer, and there was slight pharyngeal paralysis continuing a few weeks.

Cases No. 8, 9, 10 and 11, aged respectively 5, 8, 10 and 17 years; all occurred in one family, and are interesting from the fact that with these cases the antitoxine treatment was first employed in this section of the State. It was the first reliable preparation I was able to obtain, though I had made strenuous efforts for the previous cases through medical friends in New York, Philadelphia and Chicago.

Case No. 8.—Delicate boy, aged 5 years. Saw patient February 9th, 1895; a well marked case. presenting serious symptoms; Klebs-Lœffler baccilli present; membrane involved pharynx and nares; pulse 120, temperature 103°. Began with nuclein hypodermically; douches of hydrogen peroxide and bichloride solution (1 part to 4000); internally, iron, bichloride and alcohol. Third day conditions no better; pulse 130, temperature 104°. February 12th secured some antitoxine, Berhing's preparation, and administered 5 c.c. hypodermically. At end of 24 hours, pulse 100, temperature 101°, and membrane and swelling of cervical glands less. February 13th, repeated dose, same quantity of antitoxine; following day membrane two-thirds disappeared, and constitutional symptoms normal. This case made rapid recovery, except followed by severe deglutory paralysis, which at the time of this writing (April 23d) has not entirely disappeared.

Cases No. 9 and 10.—Boy and girl, aged 8 and 17 years; taken sick simultaneously February 28th, probably the result of direct contagion from No. 8. Seen March 1st. Constitutional symptoms marked; pulse 120°; temperature 103.5°; membrane invading pharynx, and nares and cervical swellings large. Case No. 5 received five c.c., and case No. 10 ten c.c., of Behring's antitoxine preparation, and placed upon described treatment adopted in other cases. Both made rapid recoveries, and were well in five days and no sequelae resulting.

Case No. 11—Male, aged 10 years, brother of cases No. 8, 9 and 10, and only remaining child in family up to March 1st unaffected. March 1st, administered five c.c., Behring's antitoxine for immunizing purposes. Although exposed to contagion from cases No. 9 and 10, remained perfectly well until April 11th, when he exhibited a mild attack of the disease; received ten c.c., Behring's preparation, and was well in four days.

Case No. 12—Occurred in the practice of another physician, March 25th, aged 18 months. No antitoxine employed. Patient died in 48 hours from extention of membrane into larynx.

Case No. 13.—D. T., female infant, aged 17 months; had been ailing for three days previous to being seen, March 31st, 1895, with marked symptoms of laryngeal disturbance. April 1st, 4 a. m., laryngiscope revealed presence of membrane in larynx; tonsils showed slight exudate; presence of K'eb-Lœffler baccilli not verified; dyspnœa marked; general condition grave, and slight cyanosis. Prepared to perform tracheotomy, but first administered ten c.c. antitonine, prepared after the method of Behring and furnished by Parke, Davis & Co., of Detroit; used inhalations of calomel fumes; produced enuresis, and administered bichloride and whiskey. At end of three hours some abatement of symptoms; cyanosis disappeared at noon; dyspnœa continued three days longer, but gradually improved. Ten c.c. antitoxine repeated April 2d and 3d. Patient well in seven days.

Case No. 14.—Jennie B., aged 7 years; child of a physician. Father had been in attendance upon numerous cases of diphtheria during the winter, but had seen no case for six weeks previous. Strong, robust, healthy child. Seen 8 a. m., April 3d, 1895. Membrane covering tonsils and gelatinous appearing exudate covering uvula and extending partially over posterior pharynx. Pulse 120, temperature 103°; cervical glands enlarged. Administered ten c. c antitoxine (furnished by Parke, Davis & Co.) General treatment prescribed as in previous cases. Patient again seen at noon. Pulse and temperature the same; membrane thicker; gelatinous portion assuming more of membraneous appearance; presence of Kleb-Lœffler baccilli verified. Seven p. m., appearance of throat improved; pulse 100, temperature 101°. April 24th, membrane confined to tonsils, and much thinner and whiter appearance; pulse 90, temperature 99½. From this on patient rapidly recovered, and on the 5th day, to all appearances, was perfectly well.

Case No. 15.—Donald M., aged 7 years; patient of Dr. Geo. H. Greene, of Marshall, Mich. Patient lived in country. Seen in consultation the afternoon of April 21st, 1895. Older brother, same family, died from diphtheria five days previously (no antitoxine employed in his case). At time of consultation, three and a-half days standing, patient presented grave conditions. Membrane involved pharynx, tonsils, uvula and nares; frequent attacks of epistaxis. Pulse 130, temperature 104°; pulse rapid, weak and thready; skin pale and of waxy appearance; marked prostration, and evidence of profound septic impression. Altogether this was the most urgent case in which I had yet had an opportunity to employ serum. Administered 10 c.c. antitoxine, and advised same treatment as in former cases; also, if patient survived until morning, to repeat antitoxine injec-

tion. Upon the afternoon of April 22d, twenty-four hours after administration, received the following telegram from Dr. Greene: "Stightly better, pulse, fever, membrane and swelling all less." At noon of the day of this writing (April 23d), word received from Dr. Greene, patient decidedly better, membrane one-half dissolved, and other symptoms correspondingly improved.

This completes the record of my cases up to date, that have occurred within the past five months. They are not sufficiently numerous to draw any positive conclusions, and yet two significant facts stand out clearly and distinctly, and from which a positive deduction may reasonably be drawn.

1st. In all the cases wherein antitoxine was employed, recovery was the rule without one single exception, and in each fatal case the serum was not employed.

2d. The period of sickness in each case when antitoxine was used was shortened nearly one-half in comparison with cases that recovered without its employment.

Of the eight cases treated without antitoxine, four proved fatal, a mortality of 50 per cent., while the seven cases treated with antitoxine show a recovery record of 100 per cent. This in so few cases may be but a coincidence, but such a coincidence must add its feathery weight in favor of the serum treatment. In the management of our cases we are not justified to trust entirely to antitoxine, even for the sake of scientific experiment, but must omit nothing that will enhance the prospects of our patient. Hence it is impossible to eliminate entirely the good effects that may have come as a result of the ordinary therapeutic means. I am not yet ready to admit that supportive and alterative treatment is not of paramount importance. I believe that the thorough, frequent, intelligent use of the irrigating douches of hydrogen peroxide, followed by the bichloride and nuclein solutions, such as have been described, is a mighty adjunct to any method of treatment employed,

It is yet too early to make positive claims for antitoxine, but there are sufficient premonitions in its favor to fill our souls with hope. The aim of this article has been to add in some small degree to the evidence already collected. Behring's discovery of its claims are authenticated will take rank as one of the grandest achievements in the closing years of this already phenomenal century. It but opens the door to greater achievements yet to come. A comparatively short time now should suffice to gather a mass of evidence pro and con; weigh it in the ballance of medical opinion, and let us still hope that the scale may descend in the right direction, and antitoxine be pronounced not wanting.

Dr. Wm. H. Thompson has succeeded the late Dr. A. L. Loomis in the chair of general practice of medicine at the University of New York.

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

E. C. REGISTER, M. D., J. C. MONTGOMERY, M. D.,
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———SUBSCRIPTION, $2.50 PER YEAR.———

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

CASTRATION FOR THE RELIEF OF HYPERTROPHY OF THE PROSTATE GLAND.

Castration in the male has never been resorted to for the relief of disease except when the genital glands themselves were effected. This operation has been almost wholly confined to one sex, and there have been those who have imagined that certain gynæcologists had a sort of mania for unsexing women. Hereafter, however, men will doubtless receive a due share of attention. Dr. J. William White, in a paper read before the American Medical Association, in June, 1893, first advocated the removal of the testicles for the relief of hypertrophy of the prostate gland. He presented a series of most convincing facts in favor of this operation.

Many leading surgeons in different parts of the world have now endorsed the views of Professor White, and that the results obtained in the published cases are such as to place the operation upon a permanent basis. It is stated that "the relief from the distressing symptoms and the shrinking of the prostate, has been marvelous" in the majority of cases, while in the least favorable cases greater relief has been obtained than by any other method previously employed.

The value of this operation will be appreciated when it is recollected that one man in every three over fifty-four years of age, has enlargement of the prostate, and one in every seven has some degree of obstruction, while one in fifteen has sufficient enlargement of the prostate to requtre treatment.

The impairment of the general health, and often the suffering arising from hypertrophy of the prostate, is quite as great as that arising from many forms of ovarian and tubal disease which are considered legitimate indications for castration in women; and if the operation described by Dr. White can generally be relied upon to secure so great relief as is obtained in the cases which have been published, this operation may certainly prove a boon to a large number of men who have heretofore found little reason for gratitude to surgery as a means of affording relief, so small has been

the success and so great the risk attending the various methods of operation which have up to the present time been proposed for this condition.

THE SMOKER'S HEART.

Smoking, as a rule; agrees with persons for many years, perhaps for twenty years and longer, although by degrees cigars of a finer flavor are chosen. But all at once, without any assignable cause, tronbles are experienced with the heart, which rapidly increase, and compel the sufferer to call in the help of the medical man. It is strange that persons consuming cigars of ordinary quality, even if they smoke them very largely, rarely are attacked in that way.

The excessive use of cigarettes has not been known to give rise to similar troubles, although it is the cause of complaints of a different nature. The age at which disturbances of the heart become pronounced vary very much. It is but rare that patients are under thirty years of age; they are mostly between forty and sixty years old. Persons who are able to able to smoke full flavored Havannas continue to do so up to their death.

If we look round among the better classes of society, who, it is well known, are the principal consumers of such cigars, it is astonishing to find how many persons with advancing years discontinue smoking. As a rule, affection of the heart has caused them to abjure the weed. In such cases the patient has found the best cure without consulting the medical man. If he makes up his mind to discontinue smoking at once, the complaint frequently ceases at once; in other instances it takes some time before the action of the heart is restored to its normal state. In such cases, besides discontinuing smoking, relief must be sought also by regulating the diet, taking only easily digestible food, light beer and wine in moderate quantities, abjuring coffee, as well as by short walks, residence among mountains of moderate elevation, and suitable interior treatment. By taking this course, all symptoms disappear in the course of a year, and do not reappear if the patient does not recommence smoking. In a third category of cases the more acute disturbances leave the patient; he feels well and hearty; but an irregularity of the heart, more or less pronounced, is left behind.

Be careful not to dismiss your patient too soon. A late Iowa Supreme Court decision makes a physician liable for damages accruing from his having dismissed a case too soon. This case must have been poor pay. It is a strange thing, and invariably true, that the people who are more exacting, give the physician the most trouble, want more attention, always wishing a consultation, never fail to send for you just after you have sent your carriage to the stables are the most reluctant in settling their accouuts. A rich man is usually a stingy man, and a stingy man will suffer with the colic from midnight till day rather than pay a night fee.

TREATMENT OF INTERNAL HEMORRHOIDS.

There is probably no disease which has the honor to claim more cures for itself than "the piles." Probably the disease which makes it a good second is "gonorrhœa." The remedies are as many as some are useless. There are millions of people suffering with rectal difficulties who are not willing to submit to any operation, partly on account of the dread of taking ether or chloroform. The now most prominent and feasible and advantageous method of treating internal piles is by injection, (N. Y. Medical Journal.) To summerize the many advantages of the treatment of internal hemorrhoids by the injection method, we give the following in brief:

(1) The patient is not terrified at the outset by the prospect of a surgical operation. (2) It does not require ether or chloroform, and seldom the stretching of the sphincter muscles, as there is little or no pain. (3) The patient is not confined to bed, and is not subjected to any considerable suffering afterwards. The treatment only requires a few moments of time to apply it. and the patient gets up and goes about his business. (4) The cure goes on almost painlessly, and often without the consciousness of the patient. (5) It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the hemorrhoids. (6) In many cases the fluid injected promotes absorption of the hemorrhoids, while in others they are removed by sloughing. (7) If there is bleeding it is nearly always stopped by the first application to the tumor, and there nothing like the tendency to secondary hemorrhage which follows the ligature or other methods of treatment. (8) There is less pain, less ulceration, and the certainty of cure (if the patient follows directions) is just as great as in other operations. (9) The remedies applied are antiseptic, and have a tendency to destroy disease germs. (10) The relief to the patient is, in many cases, immediate. Patients troubled with bleeding and with prolapsed hemorrhoids will very frequently be entirely relievee by the first or second treatment.

In the Review of Reviews for April the editor discusses recent political events, especially the doings of the Fifty-third Congress, the appointment of delegates to an international monetary conference, the election of U. S. Senators by various State Legislatures, the deadlock in Delaware, the Constitutional Convention in Utah, the arguments before the Supreme Court on the constitutionality of the income tax, the change in the administration of the Post Office Department, and other incidents of the month under review.

Tea Drunkenness prevails extensively in the city of New York. It is said that ten per cent. of the patients at the chief dispensary suffer from tea drunkenness.

BOOK REVIEWS.

Clinical Lectures and Essays on Rickets, Tuberculosis, Abdominal Tumors, and Other Subjects. By Sir William Jenner, Bart., G.C.B., M.D.Lond., F. R.C.P., etc., Physician in Ordinary to the Queen, Consulting Physician to University College Hospital. London: Rivington, Percival & Co. 1895. (Demy 8vo, pp. 342. 14s. net.)

The first lectures in this volume, and those perhaps which may be read at the present day with greatest advantage, are three lectures on rickets delivered at the Hospital for Sick Children, Great Ormond Street, in December, 1859, and January, 1860. They show the author at his best, and were so original and so much in advanoe of the current opinion of that day, that they still read as though written yesterday. If we omit the association of scurvy with rickets, an example of which, evidently, had not come under the author's notice at the time, and perhaps the use of phosphorus in treatment, it would be difficult to mention any points in connection with this disorder which Sir William Jenner could not fairly claim to have discussed in these lectures. Even the association with it of laryngismus, and carpo-pedal contractions (tetany), which has recently been the texts of so many German essays and lectures did not by any means escape his attention. His clinical descriptions are admirably complete and graphic, and each graphic touch which cheers the reader on his way is introduced not for the sake of literary effect, but because it really throws light on the subject. Take, for example, the following from a paragraph in which the effect of rickets on the chest and on the respiratory function are under consideration: "Observe a child the subjeet of extreme rickets, but otherwise healthy. See the business it is to him to breathe. The chief occupation of his life is to get by effort the air into enough of the air cells of his lungs to enable him to live. You will see at once that the least obstruction in the bronchi must suffice to render all his efforts useless." Or, again, this, when speaking of the extreme weakness which may be present in a bad case of rickets: "She lay across the arms of the person who carried her like a large half-stuffed rag doll." Or, for a shrewd piece of observation of the amiable foibles of maternal human nature, let us quote the following: "In regard to the intellect of a child, speaking generally, the mother's opinion must be weighed before it is received as correct. If a child be not suffering from chorea, and the mother states that it is mentally deficient, her statement is, I believe, invariably correct; but the mother constantly tells us that her child is very clever, quite a prodigy, when it is only a few degrees removed from an idiot."

A large part of the volume is taken up by the lectures on the Diagnosis of Extrapelvic Tumours of the Abdomen. The lectures were clinical lectures, but they form a complete handbook to the examination of the abdomen, and to the diagnosis of diseases which lead to the enlargement of the abdominal viscera. They were delivered partly at the bedside,

partly in the lecture theatre after the class had had an opportunity of seeing and examining a case during life, and in many instances of witnessing the *post mortem* examination. In his introductory remarks Sir William Jenner took occasion to explain briefly, but we believe more fully than elsewhere, his theory of clinical teaching. The amount and worth of the clinical knowledge possessed by a practitioner does not depend directly, he says, on the number of cases seen. "There are men who have had a great deal of practice, and are still inexperienced." There are to be found men, he says, especially among those who have early been placed in charge of large numbers of patients, who, "because they have treated many people, and comparatively few of their patients have died. are satisfied with their imperfect knowledge, speaking confidently of the results of their experience and the cures they have effected, In truth, such men mistake self-deception for experience."

The object of clinical teaching should be to give a man a general view of medical doctrines and principles, and to train him "to see with his eyes, to touch with his hands, to hear with his ears, to reason with his brain ; he should, in fact, be put into possession of that practical knowledge which, in long time, the master has acquired for himself." Some men have a great store of practical knowledge, but cannot impart it, because "they have never analyzed the process by which they gained it." There can be no doubt that Sir William Jenner himself had mastered this difficult art, and that by an arduous process of self-education and self-analysis, not less than by continuous study at the bedside, he made himself the very great clinical teacher that he was. How simple they all seem as we read these lectures, how inevitable and even obvious the conclusions! It is only a critical analysis which enables the reader to perceive how much patient and accurate clinical observation, what well-judged application of clinical and pathological knowledge to the problem on hand was required ; how remarkable, in fact, considered merely as an intellectual effort, the production of one of these lectures was. They ought to be read again by every practising physician ; and, still more, perhaps, by those "abdominal surgeons" who, when they find some difficulty in diagnosing the nature of an abdominal tumour, are disposed to cry, "let us look and see."

This volume of collected lectures is a valuable addition to every medical library, and will serve to make plain to younger generations the grounds of Sir William Jenner's high reputation as a physician and a clinical teacher.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONEERS INDEX. A Work of Reference for Medical Practitioners. 1895. Thirteenth Year. New York: E. B. Treat, 5 Cooper Union. Price $2.75.

The thirteenth yearly issue of this one volume reference book is before us, and it certainly maintains its high reputation as a review of what

has been accomplished in the various branches of Medicine and Surgery during the past year. The material selected, its excellent arrangement and correctness makes it one of the best one volume reference works that has ever been published in our language. Numerous illustrations, many of which are in colors, make the "Annual" more than ever welcome to the profession and that too at a very reasonable cost.

Part I, comprises the new remedies, together with an extended review of the Therapeutic progress of the year.

Part II, comprising the major portion of the book, is given to the consideration of new treatment, and is a retrospect of the year's work, with several original articles by eminent authorities.

The third and last part is made up of miscellaneous articles such as recent advances in sanitary science, improvements in pharmacy, new inventions in instruments and appliances, books of the year, etc.

The treatment of Diphtheria by Antitoxic Serum is, without doubt, the most important advance made in medical science during the year, and the most recent reports show that it is likely to prove a discovery of the first importance. This important subject has been fully and comprehensively discussed in this Annual, but some delay in getting the article rendered it impossible for the publishers to insert it in its proper place in the volume, and it is found on page 525.

Among the numerous excellent articles may be mentioned those of Fancourt Barnes, M. D., on the use of the Stem Pessary; Prof. Alfred H. Carter, M. D., F. R. C. S., on Anti microbic Treatment of Disease; Allan McLane Hamilton, M. D., on Neurology; H. P. Loomis, M. D., on Dietetic Treatment of Phthisis; A. D. Rockwell, M. D., on Electro Therapeutics, etc., etc.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of more worth.

LECTURES ON MENTAL DISEASES, Designed Especially for Medical Students and General Practitioners. By HENRY PUTNAM STEARNS, A. M., M. D., Physician Superintendent of the Hartford Retreat, Lecturer on Mental Diseases in Yale University; Member of the American Medico-Psycological Association; Member of the New England Psychological Society; Honorary Member of the British Psychological Association; Honorary Member of the Boston Medico-Psychological Society; Member of the American Medical Association, etc.. etc, With illustrations. Small octavo; pp. xviii.—636. Price, $3.00, Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

This is an excellent work prepared as a basis for instruction in mental diseases to the medical students of Yale University. Its author, Dr. Stearns, Superintendent of the Hartford Retreat, is an authority in this branch of medicine, and one of the ablest members of the American Medico-Psychological Association.

The author has divided his matter very systematically into twenty-nine sections, and ending with an appendix on extracts from the laws of

the different States and Territories of the United States, which relate to the general care of the insane. The first section is devoted to a review of the anatomy of the brain and spinal cord, which, though not intended to be exhaustive, is, nevertheless, concise and comprehensive. In the succeeding chapters are considered the symptoms of insanity with themes as to their production. The classification of mental diseases has always been a bone of contention, and so far every writer has his own classification. The one followed by Dr. Stearns is very practical, and indeed excellent. He classifies the different forms into—

(*a*) Symptomatological, including (1) melancholia; (2) mania; (3) primary delusional insanity; (4) folie circulaire; and (5) dementia.

(*b*) Etiological, (1) epochal (physiological), including insanity of puberty, climacteric insanity, and senile insanity; (2) sympathetic (sexual), including puerperal, masturbatic and ovarian insanity; (3) toxic, including alcoholic and syphilitic insanity; (4) neuropathic, including epileptic and hysterical insanity; (5) pathological. including general paralysis, insanity from coarse brain disease, and acute delirium; (6) other less frequent genera and species, as phthisical insanity, rheumatic insanity, and post-febrile insanity.

The author has no time to lose on the term paronoia. He says concerning it: "It certainly has relations neither with a symptomatological, pathological, physiological, or etiological basis of nomenclature, nor has it even the merit of a neutral character."

The writer then describes fully the various forms as enumerated in the classification, reciting cases when necessary, and pays special attention to the treatment, which, by the way, is unusually sound and exhaustive. The index on the legal care of the insane is an excellent idea and adds much to the value of the book.

A Manual of the Modern Theory and Technique of Surgical Asepsis. By Carl Beck, M. D., Visiting Surgeon to St. Marks Hospital and to the German Poliklinik of New York City, etc, Philadelphia: W. B. Saunders, 925 Walnut Street. 1895. Price, $1.25 net.

This book is worth any physician's $1.25. This manual, the writer states, is based upon his teachings upon the treatment of wounds at the New York Post-Graduate School and at St. Mark's Hospital. Just as much theory as possible has been omitted in this work, and the leading idea with the author has been to give us a practical book that would meet the deficiency of the larger works on the subject. A glance at the work will show how nicely he has accomplished his purpose. At the close of the Introduction is this beautiful thought: "To Lister we owe the mother, *Antisepsis*, who, though she died in parturition, brought forth her idealization, *Asepsis*."

An important feature of this book is that a stricter line of demarcation than usual is drawn between wounds aseptically performed by surgeons

and those otherwise inflicted, or those dependent upon inflammatory processes. In the latter category *Antisepsis* asserts its prerogatives, but only as subordinate to Asepsis.

The various subjects discussed in the treatment of wounds are given here, such as the influence of Microbes, Means of Disinfection, etc., etc. Among the antiseptic drugs, iodoform is assigned the most prominence, and in regarding its extensive employment by the profession its advantages and disadvantages are thoroughly discussed. The question of tuberculosis that presents itself so frequently to practitioners, has also been exhaustively considered in its relation to asepsis. An entire section is devoted to anæsthesia.

Credit is due the publisher for the typographical and pictorial excellenoe of the work.

Suggestive Therapeutics in Psychopathia Sexualis: with Especial Reference to Contrary Sexual Instinct. By Dr. A. von Schrenck-Notzing, Munich, Germany. Authorized Translation from the German by Charles Gilbert Chaddock, M. D,, Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis. One volume, Royal Octavo, 325 pages. Extra Cloth, $2.50 net; Sheep, $3.50 net. Sold only by subscription to the medical profession exclusively. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

This must be regarded as a suitable companion volume to Von Krafft-Ebing's Psychopathia Sexualis; and physicians having the former will certainly desire a copy of this. The medico-legal questions connected with the subject are many and we find them discussed here in a very satisfactory manner. The author regards hypnotism "as an effective and harmless therapeutic agent." He says hypnotic suggestion has demonstrated that aberrations of instructive life from its proper channel may certeinly be corrected. To show this some seventy cases are given in detail. The author believes that a large per cent., much larger than is generally supposed, of the cases of sexual aberration can be referred to such external conditions as education, accidental causes, etc. Whenever the aberrations are due to an inherited constitution or predisposition of thc brain; that is, whenever these have their root in organic conditions, then the suggestive influence has reac' ed its limits. The volume forms as interesting reading as the companion one, already so well known.

Food and Feeding. By Sir Henry Thompson, F.R.C.S., M.B. Lond., etc. Seventh Edition. Partially rewritten and considerably enlarged. London and New York: Frederick Warne & Co.

Large editions of this book upon food and feeding, one of the most important and interesting branches of study. have been demanded by an appreciative public during the past few years. Since the original work was first published, a more general interest in the subject has been awakened everywhere in the English speaking world, and a wider knowledge has become necessary. To meet this progressive spirit, whole parts of the book have been rewritten and valuable additions introduced in the

form of notes, new chapters, an appendix, and methods and principles of practical cookery. The eighth edition of this well-known standard work is essentially modern and of the most penetrating simplicity. It is a convincing argument in favor of good living, of the wise selection and right preparation of food that secures health and æsthetic happiness at table. Variety is scientifically commended, the relative value of ordinary articles of diet is considered, and the treasures of the *pot au feu* are revealed. The book is printed in convenient form, with marginal abstract notes of the text that facilitate its study and serve for ready reference. "Food and Feeding" is an authority for enlightened laymen who desire to live well and to know just how to do it in the best sense.

HAND BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS. By SAMUEL O. L. POTTER, A. M., M. D., M. R. C. P., London, Professor of Theory and Practice of Medicine, Cooper Medical College of San Francisco, etc. Fourth Edition, Revised. Philadelphia: P. Blakiston Son & Co. 8vo. Pp. 781. Cloth, $4.00; Leather, $5.00.

Undoubtedly for general use—either by professor, practitioner or student—this Hand Book is the one on Materia Medica, Pharmacy and Therapeutics to be specially recommended. It includes descriptions of "the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription writings." The articles of the materia medica are named alphabetically, and each is considered as to its preparations, physiological action, and therapeutics, analogues, toxicology, antidotes, etc. This Part covers about 370 pages. Following this is Part II. of over 70 pages, relating to pharmacy and prescription writing—a most excellent chapter—and incompatibilities, extemporaneous preparations, etc.

Part III on special therapeutics takes up about 214 pages—the names of the disease, etc., being arranged alphabetically, while the specially useful remedies for the given disease or condition are pointed out in the order of their importance, etc. The Appendix, of about 40 pages, contains a great many of the odds and ends of information constantly needed by the practitioner. The Index seems to be nearly perfect. The work, in short, is the best thing of the kind we have seen, and the price very moderate. To make it a thoroughly ready reference book, the volume is issued with a thumb index.

A BOOK OF DELECTABLE DIET LISTS. For Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout or Uric Acid Diathesis, Obesity, Tuberculosis, and a Sick-Room Dietary. Compiled by JEROME B. THOMAS, A. B., M. D. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

This book fills a great need, and if used will be a practical aid to the better practice of therapeutics. The busy practitioner has but little time to write out systems of diet for his patients or to describe the proportions of his favorite foods. There is given him in this portable form, a set of ten lists which include all the common pathological conditions in the

treatment of which diet plays a prominent part. This is the most convenient book we have yet seen. All the physician has to do is to tear out a list, check off the food prescribed, and hand the list to the nurse or to a friend of the family. It is very complete.

THE TREATMENT OF WOUNDS, ULCERS AND ABSCESSES. By W. WATSON CHEYNE, M. B., F. R. S., F. R. C. S., Professor of Surgery in King's College, London. In one 12mo. volume of 207 pages. Cloth, $1.25. Philadelphia: Lea Brothers & Co. 1895.

The author of this book, Professor Cheyne, has long been known as one of the foremost of London surgeons, and as a critical student of antiseptic proceedures in their practical bearings. In this volume he has described the methods of treatment which he employs and which he knows "to be efficient and to be the simplest consistent with certainty in results." There is a large store house of knowledge in this *little* book. One will be surprised at the amount of practical and useful information it contains; information that the practitioner is liable to need at any moment. His manner of describing the various treatments of wounds; the healing of wounds; causes of suppuration; source of bacteria; antiseptics; disinfection of skin, instruments, sponges, ligatures and stitches, drainage, the various dressing, the diet to the wounded. Asepsis, healing by blood clot, is indeed very interesting.

Skin grafting, lacerated wounds, compound fractures, wounds of abdomen and burns are clearly and plainly discussed.

The sections devoted to ulcers and abscess are indispensable to any physician. This work cannot be appreciated until read, and then the physician will see to what a great extent he has been benefited. Its usefulness is greatly enhanced by its mechanical make up.

TRANSACTIONS of the Antiseptic Club. Reported by Albert Abrams, a Member of the San Francisco Medical Profession.

This volume comes laden with sterilized wit and humor. Every page is illumined by the phosphorescent microbes of unalloyed sarcasm; illustrating by pen and pencil the fads and foibles of modern Æsculapians.

The seemingly perverted use of medicated pulp and carbolized ink is not always abortive of beneficial results. Truth is often a nauseous pill to swallow; here it has the sugar-coating and flavor of mirth-provoking humor. In the transactions of the Antiseptic Club the thoughtful physician will find much to awaken his curiosity and interest; from the organization of the club, the various papers read and discussed, the testimonials considered, the cases submitted, the hypoderm, and finally the dental clinic at its rooms, all will be found redundant with effervescent exuberance. Charles Lamb says, "A laugh is worth a hundred groans in any market." Here a hundred laughs may be provoked to animate the muscles mirth, atrophied from the disuse incident to the cares and anxieties of medical practice. Those *in quest* of a *case* find here a needed *repose* in the

refreshing outbursts of wit and humor which bubble and sparkle with health-giving cheer as the tale is told; and not a line will be found to be "*extra dry.*"

In one large octavo volume, illustrated by pen-and-ink sketches specially designed by Moss, Keeler, and Tiers, and it is stated that it is printed on disinfected paper, artistically and substantially bound in Antiseptic Dressing. $1.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

—[illegible]ness and adaptability of this work. It is [illegible]

We trust every subscriber to this Journal will write to Schieffelein & Co for a copy.

LUTHERANS IN ALL LANDS. The W[illegible]ful Works of God. [illegible] D. D., Octavo, pp. 840. Milwaukee: Lutheran [illegible] Company.

This is the fourth, revised and enlarged, edition of a [illegible] vast industry and zeal. Mr. Lenker has drawn his [illegible] correspondence and from reference to numerous [illegible] man and Scandinavian. He presents a [illegible] ing a large number of statistical tables [illegible] denomination to-day in all parts of the [illegible] along the lines of education, charity, [illegible] various practical Church effort. [illegible] organization of these enterprises. [illegible] has a strength of which it need [illegible] Germans in Pennsylvania and [illegible] in the region northwest of Chicago [illegible] theological seminaries, thirty-two [illegible] dred and forty-six magazines and [illegible] houses controlled by his denomination [illegible] communicants in the United States numbered 15[illegible] bered 1,234,762. There are to-day more than a half million [illegible] cants in the six Western States, Indiana, Michigan, Illinois, Iowa, Wisconsin and Minnesota. The patriotic citizen, whether religious [illegible] will be glad to note these evidences of church prosperity in the great Mississippi Valley, destined to become the centre of our national strength. [illegible] compilation contains [illegible] portraits of

THERAPEUTIC SARCONOMY OR THE APPLICATION OF THE SCIENCE OF THE SOUL, BRAIN AND BODY to the Therapeutic Philosophy and Treatment of Bodily and Mental Diseases. By JOSEPH RHODES BUCHANAN, M. D. Published by the author and J. G. Cupples & Co., Boston, Mass. Price, $5.00.

For almost forty years Prof. Buchanan was a prominent teacher and a close student in the field of psychic medicine. This work must be studied over and over again to be thoroughly appreciated, differing in every particular from the Microbiotic theory of Hensel, and in some respects being remarkably confirmative of the theories promulgated by Hahnemann, it becomes a work of no little value to the physician whose

mental temperament will naturally lead him into psychical investigation. He considers the question of animal magnetism or hypnotism and the general influence of mind over matter in all its details. From the same standpoint he gives one of the best expositions of the reason why electricity may be of benefit to the sick, demonstrating all the theories advanced from his own actual practice. In the same manner he takes up the practical value of massage. In all things he recognizes as a fact that the material body is the result of the spiritual body and

Professor Cheyne, has long been known as one of London surgeons, and as a critical student of antiseptic methods in their practical bearings. In this volume he has described the methods of treatment which he employs and which he claims to be efficient and to be the simplest consistent with certainty in results." There is a large store house of knowledge in this *little* book. One is surprised at the amount of practical and useful information it contains, information that the practitioner is liable to need at any moment. His manner of describing the various treatments of wounds; the healing of wounds, causes of suppuration; source of bacteria; antiseptics; disinfection of skin, instruments, sponges, ligatures and stitches, drainage, the various dressing, the diet to the wounded. Asepsis, healing by blood clot, is rendered very interesting.

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few pharmaceutical annotations and a chronological synopsis of the chemical researches on cod liver oil, including Heyerdahl's new chemical researches on this article, with concluding remarks concerning rancidity, preparations and emulsions, active principles and a recapitulation.

Part second treats of the law of atomic linking, diagrammatically illustrated. It starts off with the hydrocarbons and an illustrative method of linking the chains of the various compounds in a very unique way.

The next chapter deals with the derivitives of hydrocarbon, the oxygen compounds, alcohols and phenols. Next chapter is devoted to oxygen compounds of ethers; next chapter of oxygen compounds of

aldehydes and ketones ; then comes oxygen compounds of carbohydrates and gluocides ; next those of the acids. The seventh chapter deals with the mutual combinations of the preceding groups. The eighth chapter treats of the halogen compounds, chlorine, bromine and iodine. Chapter nine, sulphur compounds. Chapter ten, the nitrogen compounds. Chapter eleven, proteids, ptomaines, leucomaines and ferements. Twelfth, a chat about atoms.

It is difficult in a brief review to convey an idea of the magnitude, clearness and adaptability of this work. It is most beautifully bound. We trust every subscriber to this Journal will write to Schieffelein & Co. for a copy.

LUTHERANS IN ALL LANDS. The Wonderful Works of God. By Rev. J. N. LENKER, D. D., Octavo, pp. 840. Milwaukee : Lutherans in All Lands Company. $2.75.

This is the fourth, revised and enlarged, edition of a work showing a vast industry and zeal. Mr. Lenker has drawn his materials from personal correspondence and from reference to numerous authorities, mainly German and Scandinavian. He presents a systematic, detailed exhibit, including a large number of statistical tables, of the condition of the Lutheran denomination to-day in all parts of the globe, and of the work it is doing along the lines of education, charity, missions, religious literature and various practical Church effort. One is surprised at the range and careful organization of these enterprises. In the United States the Lutheran body has a strength of which it need not be ashamed, particularly among the Germans in Pennsylvania and other States and among the Scandinavians in the region northwest of Chicago. Mr. Lenker enumerates twenty-six theological seminaries, thirty-two colleges, forty four academies, one hundred and forty-six magazines and newspapers, and twenty publication houses controlled by his denomination in this country. In 1800 Lutheran communicants in the United States numbered 15,000 ; in 1893 they numbered 1,234,762. There are to-day more than a half million communicants in the six Western States, Indiana, Michigan, Illinois, Iowa, Wisconsin and Minnesota. The patriotic citizen, whether religious or not, will be glad to note these evidences of church prosperity in the great Mississippi Valley. destined to become the centre of our national strength. Mr. Lenker's compilation contains hundreds of illustrations—portraits of Lutheran leaders, views of churches and institutions, etc. The majority of these cannot be commended from an artistic standpoint, but they doubtless are of interest to Lutherans. Typography and binding are good.

TRANSACTIONS of the Michigan State Medical Society for the year 1894. Volume XVIII.

This nicely bound volume of over 600 pages is an evidence that this Society is prosperous and doing a good work. Dr. Chas. W. Hitchcock, of Detroit, is its efficient Secretary.

RECORDS OF THE REVOLUTIONARY WAR. By W. T. R. SAFFELL, Counsellor and Agent for Revolutionary Claims. Third Edition. Baltimore: Chas. C. Saffell, 224 West Favelt Street. 1894.

This book contains the military and financial correspondence of distinguished officers; the names of the officers and privates of regiments, companies and corps, with the dates of their commissions and enlargements. It contains the orders of Washington, Lee and Greene at Germantown and Valley Forge, with a list of distinguished prisoners of war; the time of their capture, exchange, etc., to which is added the half pay acts of the Continental Congress; the Revolutionary Pension Laws, and a list of the officers of the Continental army who acquired the right to half pay, commutation and lands, This work is of very great value from a historic standpoint, and very valuable to the great numbers of the descendants of the Revolutionary officers and soldiers, who are eagerly in search of information relative to the services of their ancestors, for purposes of profit and satisfaction, as well as of history; and as many of them reside at places where nothing the kind can be had without considerable difficulty and expense. The book contains over 550 pages, is well bound and nicely printed.

TRANSACTIONS of the Kentucky State Medical Society. Thirty-eighth Annual Meeting, held at Frankfort May 10th, 11th and 12th, 1893.

No transactions come to our table that we examine with more pleasure and profit than we do these. This volume is nicely bound, containing about 400 pages, and is made up of many valuable papers and discussions. Dr. Steele Bailey, of Stanford, Ky., is Secretary of this well organized Association.

TRANSACTIONS of the Twenty-sixth Annual Session of the Texas State Medical Association. Held at Austin. Texas, April 24th, 25th, 26th and 27th, 1894. Galveston, Texas: Knapp Brothers, Printers and Publishers.

These proceedings are nicely and tastefully gotten up, making a handsome bound volume of over 450 pages. Dr. H. A. West, of Galveston, is the efficient Secretary of this well organized and perfect working Association.

TRANSACTIONS of the Association of American Physicians. Ninth Session, held at Washington, D. C., May 29th, 30th, 31st and June 1st, 1894. Volume IX.

Seldom do we have the pleasure of examining a copy of transactions that are made up of a larger number of valuable papers than the one before us. This large handsomely bound volume is a typical illustration of the improvements in the book binding art. Dr. J. M. Hays, of Philadelphia, is Recorder of this Association.

TRANSACTIONS of the State Medical Society of Wisconsin. Volume XXVIII. For the year 1894. Madison, Wis.: Tracy, Gibbs & Co., Printers.

This handsome volume contains nearly 600 pages. It is made up of many papers and discussions that we have read with much pleasure.

Transaction of the American Dermatological Association, at its Eighteenth Annual Meeting, held at the Arlington Hotel, Washington, D. C., May 29th, 30th, 31st and June 1st, 1894. Charles W. Allen, M. D., Secretary.

Transactions of the American Ophthalmological Society Thirtieth Annual Meeting, held at Washington, D. C., 1894. Published by the Society.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Sixty-sixth Annual Session, held at Baltimore, Md., April, 1894.

Reprints.

The Surgical Treatment of Spina Bifida. By Henry O. Marcy, M.D., of Boston, Mass. Reprinted from Annals of Surgery, March, 1895.

A Contribution to Demography. By Theophilus Parvin, M. D., of Philadelphia. Reprint from The American Gynæcological and Obstetrical Journal.

Imperforation of the Rectum. By Geo. Ben. Johnston, M. D., Richmond, Va., Second Vice-President Southern Surgical and Gynæcological Association, etc.

On Movable Kidney. By George Ben. Johnston, M. D., of Richmond, Va., Professor of Surgery in the Medical Collegs of Virginia. Reprinted from Annals of Surgery, February, 1895.

Vegetable Nucleo Toxine in the Treatment of Cancer. By J. E. Chambers, M. D., 113 N. Eighth Street, St. Louis, Mo. Reprint from the St. Louis Courier of Medicine, January, 1895.

Localized Centres in the Optic Thalami. By Hugo Engel, A. M., M. D., Consultant on Nervous Diseases at St. Joseph's Hospital of Philadelphia. From the Medical News, December 27, 1890.

A Famous Country Obstetrician Two Centuries Ago. Lecture delivered at the Philadelphia Hospital. By Theophilus Parvin, M. D. Reprinted from the Philadelphia Hospital Reports for 1892.

What is Tuberculin? By Karl von Ruck, B. S., M. D., Asheville, N. C., Director of the Winyah Sanitarium for Diseases of the Lungs and Throat. Reprinted from the New York Medical Journal for February 2, 1895.

Mental Improvement Following Operation on the Skull. By Hugo Engel, A. M., M. D., Consultant in Nervous Diseases at St. Joseph's Hospital and in charge of the Infirmary for Epileptics, etc. From the Medical News, April 23, 1892.

Literary Notes.

Conspicuous among the contents of the May Atlantic is Percival Lowell's first paper on Mars. The subject is the Atmosphere of Mars, and it is treated with such skill that the reader finds new interest in the scientific information given.

Two papers of unusual historical interest are The Political Depravity of our Fathers, by John B. McMaster, and Dr. Rush and General Washington, by Paul Leicester Ford.

Two other papers, which may be spoken of naturally together, are Tramps with an Enthusiast, by Olive Thorne Miller, and A Week on Walden's Ridge, a Tennessee sketch, by Bradford Torrey.

The second paper in the series, New Figures in Literature and Art, has for its subject Richard Harding Davis, and there is another paper on Autographs by George Birkbeck Hill.

Fiction is well represented by installment of the two serials, A Singular Life, by Elizabeth Stuart Phelps, and The Seats of the Mighty, by Gilbert Parker. There is also a short story by Eliza Orne White, entitled A Faithful Failure.

Among other contributions are A Standard Theatre, by T. R. Sullivan, Christmas Thopping at Assuan, by Agnes Repplier, an annonymons sketch, etc.

The Contributors' Club and Book Reviews complete the issue.

HOUGHTON, MIFFLIN & Co., Boston.

THE POPULAR SCIENCE MONTHLY FOR MAY, 1895.—The chief feature of the May Popular Science Monthly is an article by Herbert Spencer, which is announced as the first of a series of ten or twelve on Professional Institutions. In this first paper, dealing with Professions in General, Mr. Spencer points out the distinguishing characteristie of the professions, and shows that they are derived from the functions of the early priest or medicine-man. Prof. James Sully in his Studies of Childhood now passes from the ideas to the feelings of children, taking up Fear, which he shows is not always produced by the same causes in different children. Prof. Frederick Starr traces the progress of Archæology in Denmark—the country that has given this science many of its leading terms and divisions. Many cuts of prehistoric objects and portraits of eminent Danish archæologists illustrate the account. Prof. Charles S. Minot, of the Harvard Medical School, contributes a spirited and suggestive essay on The Work of the Naturalist in the World, containing both warnings and congratulations. W. D. Le Sueur discusses Kidd on "Social Evolution," criticising what that author says of the attitude of science toward religion. The good work in zoology done by Conrad Gesner in the sixteenth century is described by Prof. W. K. Brooks under the title An Old Naturaliat, with re-

productions of some of Gesner's illustrations. M. Paul Leroy Beaulieu writes on The Office of Luxury, which he regards as a stimulus to exertion. Logan G. McPherson discusses Business, Friendship, and Charity, in their sociological relations. Other articles are Race Mixture and National Character, by L. R. Harley; Woman as an Inventor and Manufacturer (illustrated); and Microbes as Factors in Society, by M. L. Capitan. Dr. William T. Lusk contributes a Sketch of The Illustrious Boerhaave—a famous Dutch physician who died early in the last century—with a Portrait. The Editor's Table and other departments are as vigorous and readable as usual.

New York: D. Appleton & Company. Fifty cents a number, $5.00 a year.

Rudyard Kipling to Revisit India.—Much interest will be felt by the public in the return of Rudyard Kipling to India. He has just agreed to furnish a regular contribution to The Cosmopolitan Magazine for the coming year, beginning his work upon his return to India. India has never been critically considered by such a pen as Kipling's, and what he will write for The Cosmopolitan will attract the widest attention, both here and in England.

Perhaps the most beautiful series of pictures ever presented of the Rocky mountains will be found in a collection of fourteen original paintings, executed by Thomas Moran for the May Cosmopolitan. To those who have been in the Rockies, this issue of The Cosmopolitan will be a souvenir worthy of preservation. This number contains fifty-two original drawings by Thomas Moran, Oliver Herford, Dan Beard, H. M. Eaton, F. G. Attwood, F. O. Small, F. Lix, J. H. Dolph, and Rosina Emmett Sherwood, besides six reproduction of famous recent works of art, and forty other interesting illustrations—ninety-eight in all. Though The Cosmopolitan sells for but fifteen cents, probably no magazina in the world will present for May so great a number of illustrations specially designed for its pages by famous illustrators. The fiction in this number is by F. Hopkinson Smith, Gustav Kobbe, W. Clark Russell, Edgar W. Nye, and T. C. Crawford.

The Easter Youth's Companion.—Among the many attractive and handsome Easter numbers so popular among readers of magazines and papers, The Youth's Companion excels in appropriateness to the season and in the exceptional quality of its reading matter.

"The Story of a Statue," by the Marquis of Lorne, prepared for The Companion in collaboration with the Princess Louise, is an article of rare interest. "Dorothy's Easter," and "A Corner in Eggs," are two typical Easter stories well worth twice reading. "The Romance of a Shoal," an adventure story by W. Clark Russell, would be hard to duplicate.

Each one of the entire collection of stories deserves special mention, and with the miscellany, poetry, etc., collected in this one issue is worth the price of the paper for the entire year.

Palpitation of the Heart Due to the Use of Tobacco.

This condition is a great deal more common than is generally supposed, and while in many cases it is only a source of discomfort, in many others it is very painful and troublesome on account of the dyspnea it produces, and it may be productive of serious results. This trouble comes under the head of cardiac neuroses, and has no connection with organic disease, although if long continued may produce dilatation; afterwards hypertrophy may be induced as a compensation to the dilatation.

In smoking tobacco we take in carbonic oxide, several ammonias, and an empyreumatic oil containing nicotine. The ammonias and nicotine are the substances which, by acting in numerous directions, are so deleterious to the system. The ammonias act on the blood, making it alkalin and fluid, thereby impairing its nutritive property. The stomach is debilitated and dyspepsia is induced. The innervation of the heart is disturbed, its action is weak, irregular and intermittent; palpitation, precordial pain, faintness and vertigo are the consequences.

Every medical man is familiar with these symptoms, and in nearly every case I find that the cause can be traced to the use of tobacco. In reference to the treatment, nothing is very successful unless the use of tobacco is inhibited. If this is made imperative, and a Cactina Pellet is given every two or three hours as the occasion demands, the patient will not only be benefited, but permanently cured if the treatment is continued for some time.

Tennessee Medical College,

KNOXVILLE, TENN.

Seventh Annual Session.

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Two Supernumerary Testes.

Supernumerary testes are notoriously very rare. A case was recently reported to the Clinical Society of London. The case was noticed first by Lieutenant Alex. M. Davis, recruiting officer of the Eighth Cavalry, who took it to be a case of one superfluous teticle. On taking the recruit to a physician the latter found him to have four testes. Three were in the left side of the scrotum and one on the right. They were all apparently perfect testicles, and gave the peculiar pain incidental to pressure. Three were large and well developed, and one situated high up in the scrotum was small. There appeared to be but two spermatic cords, though the two large testicles on the left side seemed to be connected by a subsidiary spermatic cord.

Congenital Obliteration of the Common Bile Duct.

At a recent meeting of the Pathological Society of London, Dr. F. Hawkins reported a case of a male child suffering from jaundice and inguinal hernia. The jaundice was noticed eight days after birth but its intensity varied and the stools at times were colorless, at others slightly colored. After death the hepatic and cystic ducts were found pervious, the gall bladder was empty, but the common bile duct was reduced to the size of a thread. Two such cases were recorded in the Society's Transactions; in neither was life prolonged over three months. He thought the jaundice probably due to changes in the liver itself, such as are observed in the later stages of cirrhosis.

Paralysis of the Diaphragm with Neuritis of the Phrenic Nerves in Alcoholic Paralysis.

At the March meeting of the Manchester Pathological Society, Dr. Williamson showed a microscopic specimen of the phrenic nerve, which presented well marked parenchymatous neuritis. The specimen was taken from a case of alcoholic paralysis, which was under the care of Dr. Steel. During life there had been the usual signs of alcoholic neuritis, aud finally paralysis of the diaphragm. The anterior tibial nerves also showed marked parenchymatous neuritis. The spinal cord, macroscopically and microscopically was normal in the cervical, dorsal, lumbar regions.

Prostatic Hypertrophy.

Dr. C. E. Richardson, of London, believes that subcutaneous torsion of the spermatic cord, so as to cut off the blood supply of the testis, causing its subsequent atrophy, would be as effectual in man as it is in animals, and thus secure prostatic atrophy with as much certainty as by castration. This procedure would be much more readily accepted by the patient, in that it is merely a manipulative operation, free from the "cutting" and deprivation of organs which is so naturally repugnant to his mind.

The Cardiac Plexus in Diphtheritic Paralysis.

Dr. A. Vincent has recently written a paper in which he strongly controverts the current view that in convalescence from diphtheria myocarditis is the only condition which leads to cardiac failure. Another view, that this condition is the result of an affection of the vagus or sympathetic, is not favored by the exceedingly slight changes which are found in those nerves. The myocarditic theory, on the other hand, is contradicted by various observations in cases of patients dying in the course of convalescence from diphtheria in which no affection of the heart muscle was present. Dr. Vincent quotes such a case, which he had himself observed and examined, and he expresses the opinion that the reason why the cardiac failure has not been ascribed to its true cause is because only the nerve trunks have been examined, while the state of the cardiac plexus has been overlooked. In confirmation of the importance of carefully examining this he quotes the case of a man who died from cardiac failure after diphtheria, and in whom a careful examination of the medula, spinal card, and vagus and sympathetic revealed no abnormality. In the plexus cardiaco-aorticus, however, there were widespread parenchymatous changes differing in degree in different parts, while in the muscle fibres of the heart the transverse striæ were well retained as a rule, and only in a few were they indistinct or absent. In the cardiac plexus also similar changes to those above described were found—i. e., changes exactly analogous to those found in the peripheral nerves in post-diphtheritic paralysis. Dr. Vincent accounts for the fact that the trunk of the vagus was not affected by supposing that the course of the disease was so rapid that death ensued before the changes in the trunk of the vagus could manifest themselves. The changes in the plexus were severe and quite out of proportion to the affection of the myocardium, and there could be little doubt that the former were the cause of death. This observation of Dr. Vincent, together with one by Dr. P. Meyer, are said to be the only ones in which the cardiac plexuses have been examined; but the very definite changes described by both observers make it desirable that future observations should be directed to the elucidation of this point.

Free of Charges.

The therapeutical applications of Peroxide of Hydrogen (medicinal), Glycozone and Hydrozone, by Charles Marchand, Chemist. Ninth Edition.

This book of 200 pages, which contains all information on the subject, with reprints of elaborate articles by leading contributhors to Medical Literature, will be mailed to doctors mentioning this publication.

Send full address to Charles Marchand, 28 Prince St., New York.

Vaginal Injections after Childbirth.

Dr. Wright calls attention to this practice in the following words:

Recent reports prove conclusively that the mortality rate may be brought down 5 per cent or less whether douehcs be used or not. From one of Boxall's papers we learn that the mortality in the London Lying-in Hospital, for five years previous to 1890, was only .418 per cent., the number of patients treated being 2,150. Vaginal douching was done as a routine measure twice a day during the puerperium. During the period referred to by Boxall, when the death rate was .418 per cent., the labors followed by fever from all causes amounted to 40.65 per cent. In a number of maternities on the Continent where no douching was done the percentage of febrile complications ranges from 6 to 10 per cent. Leopold has compared the two methods in Dresden with the following results; Of 2,388 deliveries with injections, 17.2 per cent. had fever; of 1,136 deliveries with vaginal washings, 20 per cent. had fever; of 1,123 deliveries with no injection at all, only 9.7 per cent. had fever. In all these cases similar antiseptic precautions were applied to everything which approached the patient, but in the latter series there was no interference with the parturient tract. In comparing the second with the third set of cases it will be seen that in 1,000 cases, 200 had fever after deliveries with injections and vaginal washings; while, in the same number, only 97 had fever when no injections had been employed. If you will admit, for the sake of argument, if not absolutely, that Leopold's results show that skillful antiseptic vaginal douching is not only useless but actually dangerous, then I think it follows as a logical conclusion that indiscriminate douching by good, bad and indifferent nurses, such as are placed at our disposal in private midwifery, is dangerous in a still greater degree.

The Importance of Asepsis in Catheterism.

A recent number of the Polish Surgical Review, is largely taken up by Dr. S. Grosglik's article upon Asepsis in Catheterism. Reviewing the methods usually employed for sterilising catheters and bougies, he finds most of them to be unsatisfactory. Bacteriological experiments made by himself showed that neither mechanical cleansing nor the use of liquid antiseptics, sulphurous acid gas or mercurial vapours thoroughly sterilized instruments which had been artificially infected with cultivations of straphylococci and streptococci. This end can only, he affirms, be gained by employing moist heat. Dr. Grosglik describes fully an apparatus, apparently simple and effective, which he has devised for this purpose. In this the instruments are sterilized in five minutes. Elastic instruments, it may be noted, are declared to be unaltered by the process.

Resection of the Entire Left Lobe of the Liver.

Professor E. Tricomi has recently reported a case of a man, aged 37, in which he extirpated the entire lobe of the liver for adenoma originating in the bile ducts. After resection of the ensiform appendix and division of the ligament, corona, and triangular, as well as of the rectus, that portion of the viscus containing the tumor was drawn without the abdominal wound, which was sutured. The neoplasm was compressed by means of elastic tubing and metal loop, and necrosis brought about. On the eighteenth day, after application of a segmented suture above the ligature, the tumor was separated with the knife; cicatrization occurred on the ninety sixth day.

How Long is Syphilis Contagious?

Dr. J. D. Thomas contributed a paper sometime ago to the Journal Am. Med. Association on this subject. He maintains that "Syphilis, being purely an inoculable disease, when the zymotic period has exhausted itself the patient is no longer capable of conveying or transmitting the disease.

"All zymotic diseases have a pretty uniform history of invasion, period of acme and period of decline. Syphilis is not an exception to this rule. Let us take, for instance, diphtheria. Six months after the disappearance of the active stage the patient may be suffering with paralysis. The paralysis is not diphtheria; the condition is not a contagious one; it is a sequel. No one has the temerity to assert that a person who has had scarlatina or small-pox continues to carry about, for months, in his system, the germs of these diseases, although the one disease may cause, for an unlimited time, a suppurative otitis and the other a necrosed maxilla. Why should not the same reasoning hold good with regard to syphilis? Why shonld such a large number of the profession still hold to the idea that the sequelar lesions of syphilis are contagious? But recently I heard a gentleman make a statement to a medical society that he had treated a patient for syphilis ten years before the patient's marriage, and that after the marriage the patient infected his young wife. To me the statement was absurd. I did not deny the contagion, but did the source. The belief by some that the contagious character of syphilis persists for decades is an error due to faulty observation or to a lack of observation. Without entering any further into polemics, I make the assertion, in language more forcible than elegant, that parents may be rotten with the sequelar lesions of syphilis and at the same time indulge in intercourse and procreate offspring, without conveying the disease to the one or transmitting it to the other."

In corroboration of this opinion, five carefully observed cases from the author's note-book were presented—two bearing upon the hereditary

less as lactation advanced; that the sugar became slightly greater; that the fat decreased at first, increased again at the end of the year. The milk of a primipara appeared to be slightly richer than that of a multipara. As to the influence of the age of the mother, the largest amount of fat was found in the milk of women between 20 and 25 years of age; of albumen between 25 and 50 years of age; and of sugar above 30 years of age. As to the complexion of the mother, the results were the same as those of Vernois and Becquerel, that is, that blondes yield a milk richer in fat and sugar, but rather poorer in albumen, than that of brunettes. The data for conclusions as to the influence of diet on the milk secreted were not sufficient to afford trustworthy results, but it appeared that a woman on a poor, mainly amylaceous, diet yielded a milk poorer in albumen and sugar, but richer in fat, than one fed on a sufficiently mixed diet. A change from a poor amylaceous diet to a diet rich in proteids and fats was followed by an increase in the percentage of albumen and fat. Cultivations gave in 43 cases no results, in six various microbes developed, staphylococcus pyogenes albus five times, pyocyaneus once. Slight differences were observed between the milk yielded by the two breasts in the some woman, the greatest variations being in the percentage of fat. In one extreme case the milk from the right breast contained 2.29 per cent. of fat, that from the left 6.29 per cent. In another case that from the right breast contained 5.5, and that from the left 2.4 per cent.

Fatal Administration of Chloroform.

During the past year there have been an extraordinary number of fatal cases reported from the administration of chloroform; and in fact, rarely a week passes now, without one or more of these unhappy accidents occurring. The curious point is that during the many previous years in which chloroform has been incessantly employed, cases of death from its use have been comparatively rare, and it would appear that all at once a violent epidemic of fatalities has taken place. The cause of the accidents are variously explained, and as a general rule the blame appears to be placed upon the method of administration. Experienced anæsthetists declare that the vapour is often given in too concentrated a form, and too rapidly, so that the blood becomes charged with chloroform before the heart and lungs are enabled to accommodate themselves to the effects. We cannot, however, refrain from suggesting that these accidents may be largely due to the use of some impurity in the chloroform employed; and this is a point to which we have not yet observed that any notice has been directed, although it is well known that when an ordinary drug yields unnatural effects the cause is always sought for at once in the composition of the drug itself. At any rate it appears to us that it would be advisable, before blaming either the administrator or the method of administration, to institute rigid inquiries as to the exact composition of the chloroform employed in fatal cases.

feature of syphilis, and two others which proved the clinical fact that they were infected, not by the husband, but by fresher syphilitics. The conclusion arrived at was, "that syphilis can only be conveyed during the primary and secondary stages, and that the secondary stages ends not later than the third or fourth year from date of infection. * * * The chaotic views held by many of the profession in regard to the contagious period of syphilis are due to the acceptance upon their part of the word of the patient. We should not, and can not afford to base scientific axioms upon statements made by members of the laity. These statements are often studied deceptions ; at other times they are honestly given, but from different premises."

Composition of Milk of Suckling Women.

Prof. Alexander Johannessen has analyzed the milk of 25 suckling women. He found considerable variations in the composition of the milk in different women, and in the same women at different times. He found the proportion of albumen (all proteids taken together) to be about 1 per cent., as a rule, but a robust 1-para, aged 21, in the sixth or seventh month of suckling, was found to be yielding a milk containing 2.6 per cent. of albumen ; and a well-nourished 2-para, in the first month of suckling, a milk containing 2.6 to 2.8 per cent. of albumen. In other cases the same women yielded milk containing a proportion of albumen which varied from 0.6 to 2.0 per cent. ; from 0.6 to 1.4 per cent. : from 0.7 to 1.0 per cent. ; from 0.9 to 1.2 per cent. The average of all his estimations was 1.104 per cent. The proportion of fat showed still greater variations. The lowest observed was 0.63 per cent., the highest 6.65 per cent. The variations in the same woman at different times were also very great, in one case from 1.34 to 6.09 per cent. ; the average of all his observations was 3.21, which is rather lower than the average found by Konig (3.78 per cent.) The amount of sugar varied also ; the lowest observed was 2.55 per cent., the highest 9.77 per cent. The average was 4.67 per cent., as compared with the average of 6.21 per cent. found by Konig. The variation in individual women at different times was also considerable, the greatest differencs being from 4.0 to 7.5 per cent. in one case. The specific gravity, as a rule, ranged between 1030 and 1032, but the extremes observed were 1025 and 1036 ; the variations appeared to be due mainly to variations in the amount of fat present. Comparative analyses were made of the milk at the beginning and at the end of the nursing. The general result was that the percentage of albumen was practically the same ; the sugar slightly less (5.07 and 5.09 per cent. on the average) ; the fat rather greater (2.77 before and 3.94 after). This difference in the percentage of fat, considerable as it is, is less than Pfeiffer and others had recorded. Comparing the composition yielded by women at various periods after delivery, it appeared that the percentage of albumen became steadily

SOCIETY OF THE ALUMNI OF CHARITY HOSPITAL.

Meeting of February 6th, 1895.

The President, Dr. Adolph Rupp, in the Chair.

Dr. E. Pierre Mallett, Secretary.

Antitoxine and Diphtheria.

The President, in a brief paper with this title, spoke of the failure of so many remedies at one time highly and plausible recommended for the cure of bad or severe cases of diphtheria. The most recent remedy, antitoxine, had gained not only professional but lay attention; however, the whole question seemed as yet in an unsettled and unsatisfactory state. He quoted Dr. A. Campbell White, who strongly advocated antitoxine on a basis of a mortality of 23.8 per cent. in a series of four hundred and eighty-six cases. He also cited a series of one hundred and twenty-one cases of diphtheria treated by Dr. Korte (Berlin) with antitoxine, resulting in a total mortality of 31.1 per cent. Korte had divided his cases into three classes—(1) mild, (2) moderately severe, and (3) severe or grave cases. In Korte's forty-three severe cases there had been a mortality of 59.2 per cent., in his forty-seven moderately severe cases a mortality of 29.8 per cent., and in his thirty-one mild cases a mortality of 3.3 per cent. As a matter of comparison, the speaker stated that he had lost a fraction less than twenty-four per cent. of his patients treated in private practice during the past thirteen years. Facts such as these justified the doubts of some concerning the value of antitoxine as a specific for diphtheria. Antitoxine might be a specific for bacillary diphtheria—*i. e.*, the diphtheritic symptoms due to the Klebs-Loeffler bacillus. But time and further experience alone could tell us of these matters beyond doubt.

The speaker reported the case of a girl, five years and nine months old, who had been subjected to the antitoxine treatment on the eighth day of the disease (diphtheria). Dr. Bensel had injected twenty five cubic centimetres of antitoxine furnished by the Health Department on January 23d, twenty cubic centimetres on the 25th, and ten cubic centimetres on the 26th—in all sixty-five cubic centimetres of antitoxine in the course of four days. Local cleanliness had been maintained during this time, and stimulants had been administered, besides iron, and absolute rest had also been successfully maintained. The false membrane in the larynx had continued to form and creep up on the palate. Neither the temperature nor the urine had been influenced, so far as the albumin could indicate change, by the antitoxine. The child had lived five days after the last antitoxine injection had been administered. The speaker thought antitoxine in this case had had no effect for better or for worse.

Dr. A. Campbell White said that he thought one must first believe in

bacteriology before one believed in the antitoxine. If one was not satisfied that the bacillus was at the foundation of all cases of true diphtheria, one could hardly believe in any such treatment as that with an antitoxine which was derived from this bacillus. In studying the effect of antitoxine upon diphtheria one should thoroughly appreciate the different conditions that might arise independent of the infection. The rule in diphtheria was a low temperature. In children suffering with laryngeal stenosis the temperature would rise from the mere effects of the stenosis; and in those having diphtheria there were so many conditions that might cause a rise of temperature that it was difficult to determine how much effect antitoxine would have on the temperature. He thought it had no effect on the temperature, unless it was to cause a short rise immediately after the injection, which was probably due to the injection of a large quantity of fluid into the patient. In the case mentioned by the previous speaker the amount of the solution given showed that it had been a mild one, and all the statistics showed that more favorable results were obtained from the stronger solutions. Behring's solution, No. 3, he had seen used several times, and the patients had all recovered; the No. 2 he had never seen any marked effect from, although the patients had recovered; and as to the No. 1, many patients treated with it had died. Of Aronson's solution there was only one strength, and it produced decided effects some nine or ten hours after the injection. The injection was followed by a slight rise of temperature, the pulse improved, the symptoms of stenosis lessened, and there was a marked change in the general condition of the patient. A child sick at the time of the injection in the evening would be surprisingly well on the following morning. The membrane disappeared within eight or nine days. He had seen about a hundred cases treated, and in none of them had there been any complication that could be attributed to the antitoxine, unless it might be a slight rash that disappeared in a few hours. He thought if antitoxine had any good effect at all it must be a specific, Almost all the criticism against antitoxine came from those people who had had but a limited experience, and all having a large hospital experience, seeing its effect in some two or three hundred cases, spoke favorably of this treatment.

Dr. Louis Fischer agreed with the previous speaker that the greatest amount of skepticism was shown by those who had had the smallest number of cases. He thought one should be particular as to the kind of antitoxine used, as he recentiy had had three different kinds sent to his office. Antitoxine when injected gave no local reaction; it worked antiseptically, there was no elevation of temperature or chill, nothing to show that anything had been injected, which was not the case with injections of tuberculin for tuberculosis. In tuberculin injections one always waited for paroxysms of fever, chills, perspiration, etc., to subside before giving a second injection. In the use of antitoxine nothing of the kind occurred

unless through some mistake. The low temperature in the most malignant cases of diphtheria he thought an important point. The temperature merely showed how much active septic matter there was in the system; the greater the amount of septic matter, the higher the temperature at times. He referred to Professor Baginsky, who had made a special study of the urine and found many cases in which the albumin was increased, and believed it might be due to the antitoxines. He asked Dr. White if he had noticed that the antitoxine had modified the membrane. He thought the first evidence of the effect of the remedy was the melting away of the membrane. While the membrane was merely a local manifestation of the trouble, abroad it was look upon as an important factor to gauge the course of the subsequent treatment of the case. Behring's solution No. 1 was used only for prophylactic purposes; Behring's No. 2 for mild cases; Behring's No. 3 for malignant cases of diphtheria, and he had seen some very good results from it. In the case reported by the president, sixty-five cubic centimetres was an enormous dose; he had never used more than twenty-five. He did not rely only on the antitoxine, but included local antisepsis in every case. Calomel was the best cathartic. He thought if the president would try Behring's antiseptic, or Aronson's, and use it freely, he would have much better effects, Aronson made one *Heilserum* for testing purposes and one for prophylactic purposes; of the *Heilserum* five cubic centimetres injected in the interscapular region was equivalent in strength and action to ten cubic centimetres of Behring's No. 2. It was only necessary, however, to observe the patient's general condition after the first twenty-four hours following the injection; if we found any improvement, then it was not necessary to reinject, but if no visible improvement in pseudo-membrane—pulse, temperature, condition of skin, urine, expression, or appetite—took place, then he advised by all means to again inject, and, if possible, double the first dose. Impurities in the serum, due to glanders in the horse and other foreign impurities, had caused eruption of various kinds from an erythema simplex to a purpura hæmorrhage.

In this class of cases great eare was neeessary, and they should be continuously treated with antitoxine. Stimulation should not be begun in all antitoxine cases, rather only where the heart and pulse showed extreme feebleness.

Dr. W. B. Johnson spoke of cases he had seen treated with Behring's solution for immunization. One of the patients had recovered, and there had been no local effect from the injection, Another patient had gone into a period of excessive excitability, approaching convulsive movements, which might have been due to excessive stimulation or to the antitoxine; in the course of thirteen or fourteen hours the patient had died. A third case had occurred in the same family, in a child two years and a half old; the child had have very severe croup and dyspnœa. The speaker had been asked in to intubate, which he had done, and a single injection of a

drachm of Behring's six-hundred-antitoxine-unit solution had been given. The temperature had gone down from 104° to 101.5° by the next day; at the end of the sixth day the tube had been removed, the progress of the disease had been uneventful, and the child had recovered. He asked as to the use of the protective solution, for a cure, and also as to its possible deleterious effect, and the size of the dose of that and the other solutions of antitoxine.

Dr. White stated that he had seen no marked effect upon the membrane causing it to disappear immediately. In the case he had reported, treated with Aronson's strong solution, the membrane had not disappeared till the ninth day. There had been a marked diminution of the swelling, but the stay of the membrane had not been shortened probably more than a day. The skin injections had been based upon the general condition of the patient—whether the glands of the neck had been larger or smaller—and the condition of the pulse. He believed it prevented extension of the growth, and this had been very marked in the tracheotomy and intubation cases; in these cases the patients had almost invariably died from the extension of the membrane, and the patients treated with the antitoxine had not.

Bacteria in Graveyard Soil.

Dr. James Buchanan Young, in a paper read before the Royal Society of Edinburgh last year, and which he has now reprinted in pamphlet form, gives the results of some experiments undertaken by him on the chemical and bacteriological condition of soil, with special reference to the soil of graveyards. Samples of soil for bactorioiogical examination were taken with all due precautions from graves which were being opened for burial, and the examination was made with as little delay as possible. Without describing the methods adopted by Dr. Young or enumerating the organisms discovered, we may indicate here the general results which were arrived at. Dr. Young concludes that the soil of graveyards contain, as a rule, more bacteria than virgin soil; that the bacteria are not more numerous immediately surrounding the coffins, but at some distance above, and that at a short distance under the coffins there is a marked diminition in the number of bacteria present. In the immediate vicinity of the coffins the liquefying bacteria (proteus vulgaris) esperially were very abundant. Finally Dr. Young points out that so far as his experiments have gone they tend to show that burial has little, if any, effect in increasing the organic matter in the upper layers of the soil, whereas it has a marked effect on the layers containing the coffins—i. e., at depths greater than four feet or thereabouts from the surface. The organic nitrogen and carbon in graveyard soil are, Dr. Young remarks, by no means go great in amount as is commonly supposed, and he considers that if burial is properly conducted in suitable soil there need be no risk to the health of communities.

The Ulnar Symptom in General Paralysis.

Recently at a meeting of the Berlin Psychiatric Society Boedeker and Falkenberg gave the results of their researches on this sabject. According to Cramer in 75 per cent. of general paralytics the trunk of the ulnar nerve is not painful on pressure, while in most cases of other forms of insanity compression of the nerve as it lies between the olecranon and the inner condyle produces sharp pain and reaction. The authors examined 100 male and 25 female paralytics, and 300 non-paralytic insane persons. In 58 per cent. of thc paralytics the ulnar nerve was analgesic; in 35 per cent. pressure caused pain; in 7 per cent. the result was doubtful. Of the non-paralytics, 39 per cent. showed ulnar analgesia; the remainder exhibited no such defect. The authors remarked on the fallacies apt to arise from the subjective element, and they concluded that analgesia of the ulnar trunk is of little value in the diagnosis of general paralysis. They found the ulnar symptom in 74 per cent. of 31 paralytics who exhibited loss of knee-jerk. At the same meeting Mendel stated that he not infrequently had observed analgeria of the legs to be an early symptom of general paralysis in cases where knee-jerk was present and no other evidence of tabes existed.

We Solicit the Attention of Physicians to our

WINE of COCA

As being the only preparation of COCA which is of

UNIFORM STRENGTH,

Containing .15 of a grain of Cocaine to each fluidounce,

The unsatisfactory results consequent upon the administration of many different makes of this remedy, due principally to variation in the alkaloidal strength of the crude drug used in their manufacture, is entirely overcome in our preparation, which is made from specially selected leaves,

ASSAYED and STANDARDIZED,

Enabling the physician to regulate the dose to meet the requirements of each particular case. Those who have prescribed it, assure us that it is

THE ONLY PREPARATION

That can be taken for an indefinite length of time, without unpleasant effect, by persons with weak or rebellious stomachs. Our

Wine of Coca, Beef and Iron

Is also highly commended as a valuable tonic for OVERWORKED MEN AND DELICATE WOMEN, and has been successfully administered in cases of nausea consequent upon pregnancy, where other remedies have failed.

☞ Liberal Samples will be supplied physicians upon application.

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Baltimore, Md.

MEDICO-LEGAL CONGRESS.

Summer Vacation of 1895.

PRELIMINARY ANNOUNCEMENT.

The Medico-Legal Society announces that it will hold a Medico-Legal Congress at or near the City of New York during the last week of August or first week of September, 1895, (time and place to be hereafter announced,) open to all students of Medical Jurisprudence, under the charge of a committee of arrangements, composed as follows:

Ex-Surrogate RASTUS S. RANSOM, Chairman.

CLARK BELL, Esq., Secretary, GEORGE CHAFFEE, M. D., Treasurer,
MORITZ ELLINGER, Esq., CONSTANTINE J. MacGUIRE, M. D.,
H. W. MITCHELL, M. D., Prof. A. M. PHELPS, M. D.

An enrolling fee of $3.00 will be required of each member to aid in the expenses and the publication of the Bulletin of the Congress, to be sent each member free.

I.—The Department of Medico-Legal Surgery will be under the charge of the officers of the section on Medico-Legal Surgery. Granville P. Conn, Chairman, of Concord, N. H.

II.—The Department of Psychology and Psychological Medicine will be under the charge of the officers of the Psychological Section. Prof. Elliott Coues, Chairman, Washington, D. C., and sub-eommittees.

1. Sociology and Criminology will be in charge of a sub-committee of which Hon. Moritz Ellinger will act as chairman.

2. Legal Responsibility of the Inebriate will be in charge of a sub-committee of which T. D. Crothers, of Hartford, Conn., will act as chairman.

3. The chairmen of sub-committees of Mental Medicine and other Psychological and Medico-Legal branches and departments will be hereafter announced.

III.—Microscopy in Forensic Medicine. Prof. M. C. White, of New Haven, will act as chairman of sub-committee.

IV.—Chemistry will be in charge of a sub-committee of which Prof. H. A. Mott, LL.D., will act as chairman.

V.—Dr. Paul Gibier will act as chairman of the Department of Bacteriology in Medical Jurisprudence. The roll of members, the official programme, the title of papers, and the various officers, committees and sub-committees will be forwarded to all members by circular and announced in the Medico-Legal Journal and the lay and medical press.

A general invitation to all persons interested in the Science of Medical Jurisprudence is extended, and members of the Society, active, corresponding or honorary, who wish to enroll will forward their names and

the enrolling fee to the Secretary or Treasurer. A considerable number of papers have already been secured, and the interest already taken in the movement warrants the expectation of a large and influential meeting of the friends and students of Forensic Medicine on the occasion.

A formal and official circular will be issued later, and all persons contributing papers will please forward their titles to the Secretary to enable proper classification to be made for the formal circular.

H. W. Mitchell, M. D., President.
Clark Bell, Esq., Secretary.

Inhalation of Chloroform by the Mouth.

At the eighth French Surgical Congress, held lately at Lyons, M. Guerin, of Paris, stated that death from arrest of the heart's action might be prevented in chloroform anæsthesia simply by getting the patient to inhale the chloroform only by the mouth. If a rabbit be made to inhale the vapour of chloroform directly through the trachea after performing tracheotomy, the heart is in no way affected; but if the animal be made to inhale it through the nose the action of the heart is arrested; and now, as the trachea has been cut transversely, the chloroform inhaled by the nose is unable to pass the bronchi. And it is therefore plain that the chloroform acts upon the heart's movements only through the nasal nerves and the cardiac branches of the pneumo-gastric, the former acting reflexly upon the latter. When administering chloroform, its action on the nasal nerves should be prevented by pressing the nose of the patients between the fingers of the hand, and holding the compress till anæsthesia is produced, when the nasal fossæ will have no reflex action, owing to being anæsthetised.

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. Robinson's Lime Juice and Pepsin, and Arom. Fluid Pepsin, we can recommend as possessing merit of high order.

The fact that the manufacturers of these palatable preparations use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is a guarantee to the Physician that he will certainly obtain the good results he expects from Pepsin.

Sometimes physicians get puzzled, the same as statesmen. They have cases that they know are taking the proper medicines, and yet results are wanting. All reasoning, investigation and consultation proves the treatment to be correct, while negative results proves that something is radically wrong. In these cases the system is too weak to respond to the treatment. Combine a tissue builder with your treatment and the result will be magical. Codliver Glycerine is the strongest tissue builder known and mixes uniformly with all medicines or water.

The Value of Iodine.

It has often been my experience to be let out of a tight place, therapeutically speaking, by the use of the iodines, that I rather wonder at myself for not using them more rather than less, and cannot help thinking that all practitioners of medicine have had an experience like mine, the compounds of iodine would head the list of drugs in frequency of use. Instead of using the iodide of potash as I used to do, I employ the calcium salts almost exclusively. My reasons for this are that the potash salts are poisonous if taken in considerable quantities. This has been shown to be the case, particularly in connection with the study of chronic nephritis. Moreover, Prof. Germain See is authority for the statement in La Medicine Moderne, for March of last year, that preparations of Potash are slow and uncertain in their absorption and elimination. On the other hand, he finds that the iodide and bromide of calcium are easily absorbed, are particularly useful for exerting upon the body the effects of iodine and bromine, and do not cause those gastric disturbances that so often interfere with the administration of potassium salts. Calcium salts enter so largely into the composition of bone and other tissues that they can always be regarded as having a direct nutritive value, and their innocuousness is not alone confined to the absence of irritating effects upon the digestive organs, as they cannot be regarded as poisons in any sense of the word. The dose of the calcium compounds is practically the same as that of the potash salts, and their extended trial is worthy of the attention of practitioners of medicine.

I find the Elixir Iodo Bromide of Calcium Compound-Tilden's, in every way satisfactory and entirely worthy of confidence.—*William Davis, M. D., of St. Paul, Minn., in The Journal of Materia Medica.*

Vernon, Ind., Jan. 25, 1888.

Gentlemen :—Yours to hand and noted. I have tried the samples of Tasteless Quinine you sent me, with splendid results. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to any one desiring a palatable and reliable preparation of this drug.

Yours, &c., W. H. Stemm, M. D.

Walter W. S. Corry, M. D., L. R. C. S., I. & C., Rosedale Abbey, Pickering, Yorkshire, England, writes :

I have used Iodia, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated.

LIQUOR UTERANS.

(V. P. o.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **Utero-Ovarian Sedative and Anodyne.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of LIQUOR UTERANS. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

Samples will be cheerfully mailed to Physicians on application.

Correspondence and reports of cases invited.

The Virginia Pharmacal Co.

Manufacturing Chemists and Pharmacists,

RICHMOND, VA., U. S. A.

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BURWELL & DUNN, Charlotte, N. C.

At Manufacturers' Prices and Discounts.

Mention Charlotte Medical Journal.

Aconite in Children's Diseases.

Prof. Comby has the following to say on this subject:

"On account of the depressive and sedative effects of aconite he recommends it in all spasmodic states as asthma, the asthmatic attacks of enlargement of the bronchial glands, in whooping cough and similar states, in stridulous laryngitis, palpitation of the heart and convulsions. It is contraindicated in all states of prostration where respiration is impeded and the heart is about to weaken; therefore, one should not prescribe it in capillary bronchitis, in broncho-pneumonia, pneumonia, in valvular heart affections, in pericarditis and in the collapse of severe forms of infectious diseases.

The alcoholic tincture of the root is especially to be used. In adults one may employ aconitine, yet it is an alkaloid which must be given with great circumspection, administering it in doses of a tenth of a milligram, at regular intervals. It should not be used in children's diseases. The tincture of the root is to be given by the drops and never by the gram and at regular intervals. In a child of two years one may give from five to ten drops; one of five years, twenty drops in twenty-four hours, while up to ten years thirty drops is a proper dose. No great benefit is to be expected from small doses."

Abortive Power of the Vagina.

Dr. Coen has recently made some observations on the absorptive power of the vagina under various conditions of health and disease. Iodide of potassium is easily absorbed. If a tampon soaked with a 20 per cent. solution be introduced into the vagina, iodine can be found in the urine in an hour. The excretion reaches its maximum in twenty hours and ceases in forty-eight hours. Fever and pregnancy increase the absorption. Hysterectomy makes no difference. Iodoform is absorbed slowly and in very small quantities, but more if fresh than if old. Salicylic acid is absorbed quickly, appearing in the urine in one hour and disappearing in twenty-four hours. Salol is very readily absorbed. Antipyrine is excreted in an hour and a-half and is found for forty eight hours, but its antipyretic action is feeble as compared with administration by the stomach. In brief, the vagina has undoubted absorptive power, and this is increased in pregnancy, in the puerperal state, and in pyrexia.

Remove the Cause.

If your patient is pale, weak, nervous, irritable and losing flesh, he is suffering from Malnutrition, "caused by" Indigestion and Malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

HYDROZONE

IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for

Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE, — OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,— INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER, — WOMEN'S WEAKNESSES: WHITES, LEUCORRHŒA,—SKIN DISEASES: ECZEMA, ACNE, ETC.

GLYCOZONE

Both Medal and Diploma

Awarded to Charles Marchand's Glycozone by World's Fair of Chicago, 1893, for its powerful healing properties. This harmless remedy prevents fermentation of food in the stomach and it cures:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

Send for free 152-page book giving full information with endorsements of leading physicians. Physicians remitting express charges will receive free samples.

AVOID IMITATIONS.

Hydrozone is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border, with signature.

Charles Marchand's Peroxide of Hydrogen (medicinal) is put up only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with signature.

Glycozone is sold only in 4-oz., 8-oz., and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border, with signature.

THESE REMEDIES ARE PREPARED ONLY BY

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SOLD BY LEADING DRUGGISTS.

Zinci Stearas Comp. c. Acetanilid.

As an insufflation, this combination is recommended as having none of the irritating properties of Iodoform; in fact it has been found to relieve Iodoform irritation, and is believed to be the antiseptic which will probably replace that drug as an application to moist surfaces of the mucous membrane and skin where it has been found valuable in cases of eczema, intertrigo, etc.

As a dressing for wounds, it has been applied to prevent the forma tion of pus; it is also a drying agent, and adds to these qualities a deodorizing effect. Each drachm of this trituration contains fifteen grains of Acetanilid. Reports of over twelve hundred cases treated by Dr. J. A. Cantrill, Dr. Edward Martin and others appear to verify the above statements.

Dr. J. A. Cantrill reports two hundred cases of skin eruptions; in moist conditions he found that Acentanilid was an astringent and drying antiseptic powder with none of the irritating qualities of Iodoform; in fact it cured Iodoform irritation, and is probably "the antiseptic we are looking for to replace Iodoform."

Dr. Edward Martin used Acetanilid in a thousand cases of suppurating wounds, and his experience led him to believe that it was superior to Iodoform. It was less toxic, the wounds kept perfectly dry, there was no pus, no odor and the dresing kept as clean as with Iodoform- He said he should continue to use it in place of Iodoform.—*Abstract from New York Medical Journal.*

Assafœtida in Abortion.

A foreign contemporary has recently drawn attention to the insufficiency of various remedies which are employed in cases of threatened abortion. Small doses of opium frequently fail, while large and repeated doses not only do no good but may, of course, do much harm. Italian obstetricians mostly recommend the use of assafœtida, often administering it in pills containing a grain and a half; although some strongly advise, in preference to this, the administration of an enema containing the tincture of assafœtida. Even in cases in which it was too late to check the abortion, it is stated that the drug proves efficacious in reducing the subsequent hæmorrhage. The employment of the drug in pill form is specially employed in cases of habitual miscarriages.

I have derived the most satisfactory results in all nervous troubles from the use of Peacock's Bromides. I frequently prescribe it and I invariably do so when bromides are indicated, since I am certain to get permanent results.

Boston, Mass. Fred'k G. Moore, M. D.

Firwein

(A Balsam of Fir Wine with Iodide, Bromine and Phosphorus)

TILDEN'S.

In Chronic Bronchitis and Incipient Phthisis, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, **Firwein** does not impair, but instead, strengthens and improves digestion and assimilation ; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

In Chronic Cystitis, **Firwein** may be regarded as almost a specific. No class of ailments gives the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of **Firwein** for the rest of your life, and your patients will rise up and call you blessed.

In Nasal, Pharyngeal and Laryngeal Catarrh, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it !

DOSE. One to two teaspoonsful 3 to 6 times daily. *For Spraying*—add one part of vaseline or petrolatum oil, to three parts of Firwein and use warm. *For persistent Coughs*—One dram Opii. Deod. to 4 ounces of Firwein.

A full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50c. to pay carriage.

PREPARED ONLY BY **THE TILDEN CO., New Lebanon, N. Y.**

418 North Third Sfreet, ST. LOUIS, MO.

Calisaya Cordial

TILDEN'S.

A PLEASANT and agreeable tonic and appetizer. Efficient in all cases of debility from exhausting and protracted diseases ; frail and broken down conditions of the system from obscure causes, especially functional disturbances of the reproductive organs in females ; weak and imperfect digestion and assimilation, nervous debility, mental exhaustion and in all low atonic conditions of the system.

EFFECTIVE,
PLEASANT,
AGREEABLE
AND
ECONOMICAL.

FORMULA.

EACH FLUID DRACHM CONTAINS :

Calisaya True	5 grs.
Pepsin Sac	3 "
Erythrox. Coca.	
Iron Pyrophos.	
Viburnum.....a. a.	1 "
Gentian	2 "
Strychnia Sul.	1-100 "

With Vegetable Aromatics.

TRUE TONIC,
SPLENDID
APPETIZER,
RELIABLE
STOMACHIC.

Please observe the strength and perfection of the above formula. Do not confound TILDEN'S Calisaya Cordial with other preparations of this class.

A Full Pint Bottle will be sent to any Physician as a Sample, free of charge on receipt of 50 cents to pay expressage.

PREPARED ONLY BY **THE TILDEN CO , NEW LEBANON, N. Y.**

418 N. 3rd St., ST. LOUIS, MO.

Clinical Report.

Dr. F. Bartow McRae, Atlanta, Ga., reports as follows:

The "Tri-Digestive" Tablets (Tuttle's) have been used with satisfactory result in a patient suffering with indigestion, predisposed by menstrual disturbance, relieving the stcmach trouble, while other remedies effected relief from menstrual troubles.

Another patient, very frail, upon whom I did Laparotomy, and needed some digestive aids, had the satisfactory effect produced by Tri-Digestive Tablets.

They act with desired result in both the stomach and intestinal tract below the stomach.

At the Society of the Alumni of Charity Hospital, New York, April 6, 1895, Dr. A. Campbell White reported as follows:

Of Aronson's Antitoxin solution there was only one strength, and it produced decided effects some nine or ten hours after the injection. The injection was followed by a slight rise of temperature, the pulse improved, the symptoms of stenosis lessened, and there was a marked change in the general condition of the patient. A child sick at the time of the injection in the evening would be surprisingly well on the following morning. The membrane disappeared within eight or nine days. He had seen about 100 cases treated, and in none of them had there been any complication that could be attributed to the Antitoxin, unless it might be a slight rash that disappeared in a few hours. He thought if Antitoxin had any good effect at all it must be a specific. Almost all the criticism against Antitoxin came from those people who had had but a limited experience, and all having a large hospital experience, seeing its effect in some two or three hundred cases, spoke favorably of this treatment.

Dr. Louis Fischer agreed with the previous speaker that the greatest amount of skepticism was shown by those who had had the smallest number of cases. He thought one should be particular as to the kind of Antitoxin used, as he recently had had three different kinds sent to his office. Antitoxin when injected gave no local reaction; it worked antiseptically, there was no elevation of temperature or chill, nothing to show that anything had been injected, which was not the case with injections of Tuberculin for tuberculosis. Of Aronson's Antitoxin 5 cubic centimeters injected in the interscapular region was equivalent in strength and action to 10 c.c.m. Behring's No. 2. It was only necessary, however, to observe the patient's general condition after the first 24 hours following the injection; if any improvement was found, then it was not necessary to reinject, but if no visible improvement in pseudo-membrane, pulse, temperature, condition of skin, urine, expression or appetite, took place, then he advised by all means to again inject, and, if possible, double the first dose.

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The Dietetic Treatment of Phthisis.

In the course of an editorial comment on a paper read before the Association of the Bellevue Hospital Alumni, by H. P. Loomis, M. D., the New Albany "Medical Herald" says:

"We have long preached the gospel of fat and have insisted that the scales are an important instrument of precision for detecting the rate of progress forward or backward, not only in the treatment of this disease, but in the general oversight of our patient. A loss of weight is always a suspicious sign and should arouse our attention at once."

The gospel of fat is undeniably a good one but, like many other gospels, it is easier to preach than to practice it. Face the problem, as it presents itself in the everyday course of practice. Here is a patient with all the symptoms of incipient phthisis; a marked and continual loss of weight has been noted and this must be checked. Realizing that starch is the natural source of fat, we recommend oatmeal, bread, potatoes, crackers and similar foods be more extensively used. We may even be deluded into prescribing cod liver oil. A week ensues and the patient again comes in, looking worse than before, and bearing a tale of woe to the effect that the cod liver oil cannot be taken; that between it and the starchy diet which we prescribed digestive disorders have been set up and that a further loss of weight has been recorded. The problem now begins to assume that phase which undertakers are so successful in solving. We know that what the patient needs is fat; we know that starchy foods and oils are fattening, but if they cannot be digested, what are we to do? It is at just this point that artificially-digested foods come to the rescue, and while disappointment may have followed their use in the past, owing to offensive taste or lack of permanency, the medical profession now has in Paskola a form of pre-digested starch which is acceptable to the most delicate stomach and which, aside from its nutritive qualities, is such an active aid to the digestion of albuminous or meaty foods that it is well nigh a specific in the ordinary forms of gastric indigestion. A rapid increase in weight almost invariably follows its use.

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WHEN a physician in Arkansas becomes an habitual drunkard the State Board of Health is by law enjoined to revoke his license. A good law, and should be enforced everywhere. If experience is any lesson it looks like physicians would be the last to be drunkards.

A Remarkable Case of Suppurative Otitis with Hemiplegia. By Arthur H. Coe, M. D., Spokane, Wash. Read before the Spokane County Medical Society, June 21, 1894. Reprint from the Medical Sentinel of November, 1894.

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SAMUEL E. MILLIKEN, M. D., Surgeon-in-Chief of the New York Infirmary for Crippled Children; Surgeon to Randall's Island Hospital, etc., in the course of an article entitled "Tubercular Joint Disease in Children," which appeared in La Revista Medico-Quirurgica, February, 1895, said;

"The great mistake so often made by the specialist is the concentration of all his forces on the particular part of the human economy in which he is most interested, while the general health is allowed to take care of itself. No class of cases require more detail in their general treatment than do these tubercular bone lesions. In all cases where suppurating sinuses have existed for any length of time, the digestive and assimilative powers are invariably weak, for which we should give reconstructives to compensate for the waste which has already taken place. While cod-liver oil and hypophosphites are often prescribed, I have recently obtained most flattering results in the suppurating joint cases in children, even after they were bed-ridden, with equal parts of cod-liver oil and Maltine with Coca Wine. The assimilative powers are very much strengthened, and, with some of the worst cases even, the improvement was noticed within a short time. Maltine with Coca Wine is an excellent vehicle for cod-liver oil, and its food and digestive values combined with the peculiar tonic properties of the Coca make it a very useful aid in the treatment of this class of cases."

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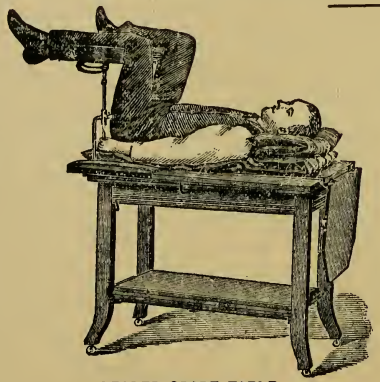

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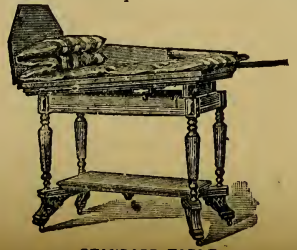

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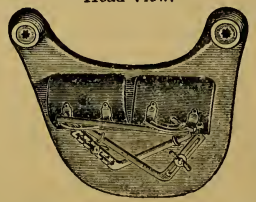

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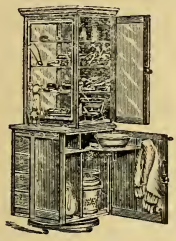

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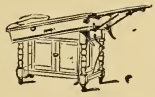

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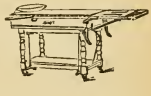

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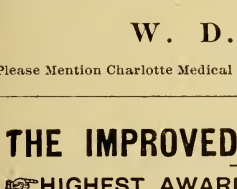

Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig. I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig VII.
3rd. Obtaining height of 39½ inches.—Fig VII.
4th. As strong in the highest, as when in the lowest position.—Fig. VII.
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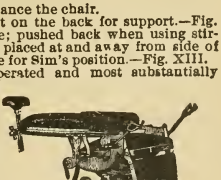

Fig. XVII—Dorsal Position.

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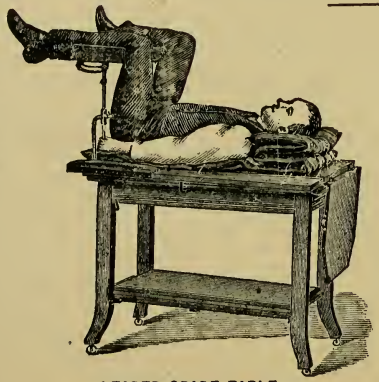

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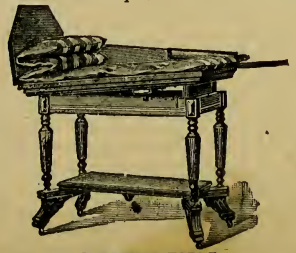

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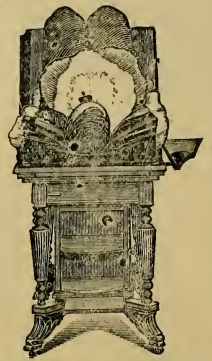

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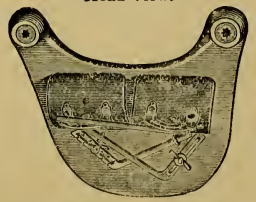

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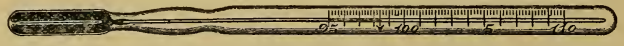

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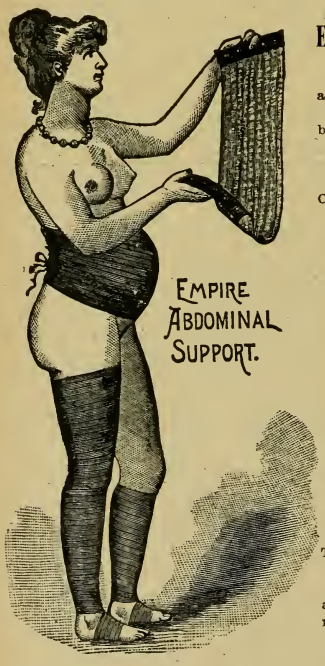

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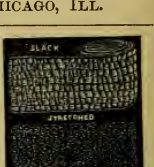

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Fig. I.

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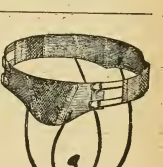

Fig. 4.

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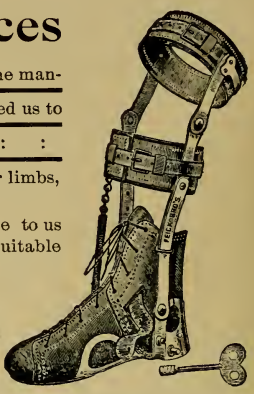

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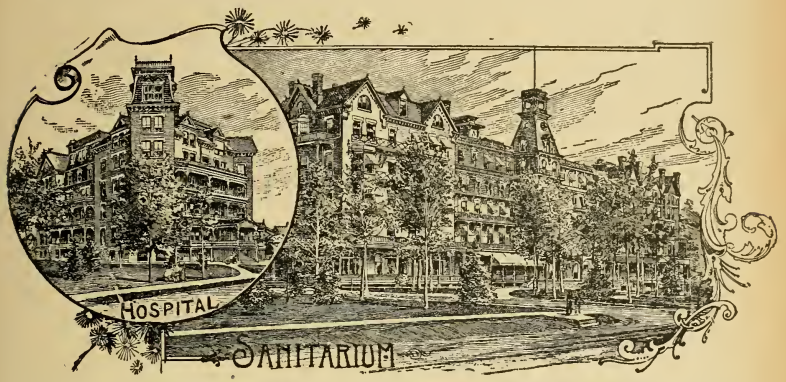

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The Charlotte Medical Journal.

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Vaginal Hysterectomy versus Coeliotomy for Pyro-Salpinx, Ovarian Abscess, Etc,

By MILO B. WARD, A. M., M. D., Topeka, Kansas

Written expressly for this Journal.

Surgical operations are usually performed with the view of obtaining the best results with minimum mortality. There is, however, a question in connection with surgery done for diseased pelvic organs, which extends beyond the preservation of life, and leads out into the domain of perfect results, by way of complete restoration to health.

Coeliotomy for diseased pelvic organs, especially for leaking pus-tubes and ovarian abscesses, is a procedure that merits the approval of the profession, and in my judgment will retain for all time to come its place among the most judicious surgical operations, when resorted to in wisely selected cases.

Until quite recently I have persistently adhered to the theory that, any operation for the removal of the uterus for diseases of the adnexa, when that organ was not perceptibly involved, made the risk to the patient too great to justify the procedure. That the uterus is a useless organ to the female economy after the removal of both appendages, is a maxim that is not questioned. That the uterus, very frequently, if not in a majority of instances, causes the patient extreme annoyance, if not much suffering, especially when the appendages have been removed for pyo-salpinx, is another maxim equally well recognized by all operators of large experience. It is not necessary to go into details regarding the various morbid conditions dependent upon the uterus, subsequent to the removal of the appendages. It is true that the uterus does no serious harm in many cases, at the same time, most patients complain of unpleasant discharges, leucorrheal in character, that would seem to be an unnecessary annoyance, provided the uterus is non-essential to the female economy, and that the removal of this organ does not in any degree increase the mortality.

In expressing my views regarding the preference for vaginal hysterectomy in the place of coeliotomy in properly selected cases, I do not desire to deprecate in the least the wonderful results possible to attain from the removal of diseased appendages by the abdominal method. Subsequent removal of the uterus, however, has been found necessary in a few

cases in my personal experience, in order to afford the desired relief. This experience has had much to do with my convictions relative to the merits of complete vaginal extirpation of the uterus and its appendages.

In discussing a matter of such vital importance to all concerned, it is essential that we should consider the question of mortality as a most important factor. I am not prepared to make the statement at this time that vaginal hysterectomy is not a more dangerous operation than coeliotomy. However, judging from my personal experience, which is somewhat limited, vaginal hysterectomy seems as void of danger as coeliotomy. In several instances, however, I have performed coeliotomy in cases clearly indicating the propriety of vaginal extirpation, on account of the adhesions of the appendages being so formidable that I considered it impossible to perform a vaginal operation. Looking back over these cases, I cannot now understand how it would be possible to remove the appendages by the vaginal method, perhaps, however, that had I removed the uterus and permitted the appendages to remain adherent to the pelvic fascia, and in some cases to the intestine, the patients might have made a perfect recovery. This question is too far reaching to permit dogmatic statements to be made, pro or con, until opportunity has given greater experience in this line of surgery.

Removal of the uterus per vaginum, seems to me, to be a more rational method than to attempt to aspirate ovarian abscesses through the vaginal vault.

Draining the pelvis through Douglas's cul-de-sac, is comparatively a safe and simple operation, if one can always be certain of avoiding the intestine, but when performed usually promises only temporary relief, and at the same time is quite likely to bring about complications that may seriously interfere with subsequent removal of the uterus in order to completely drain the pelvis. It is doubtless true that there are cases of ovarian abscess which can be so accurately defined and completely mapped out, in patients whose vitality is so greatly reduced that a capital operation would not be justified, making asperation of the abscess through the vagina the only rational course to pursue.

The combined operation consisting of removing the pelvic contents through the abdominal incision, and draining the pelvis through an opening in the vagina, in my judgment, gives promise of as good results as can be obtained by any other method, provided, the uterus is not involved, and does not of itself cause subsequent suffering.

Having carefully considered these various methods of procedure, and weighing each one in the balance of experience and observation, I am forced to observe that vaginal hysterectomy gives promise of being the favorite operation in a large number of cases that have, up to this time, been treated by the supra-pubic method. It is my purpose to state, in this brief article, my decided preference for vaginal hysterectomy in-

stead of coeliotomy. in cases applying for surgical relief with histories of double pyo-salpinx; ovarian enlargements, accompanied by symptoms of sepsis; sub-involution of the uterus, especia'ly when that organ is retro-displaced, and with the cervix lacerated, as it usually is; provided that the patient has born a family, leaving no moral reason why this operation should not be done; or that the symptoms are so unmistakable that no question of doubt can be entertained regarding the propriety of removing the organs of generation.

It is not pertinent to mention in this connection, anything relative to methods of operating, yet I cannot refrain from merely expressing my views in favor of the ligature method, in all cases where drainage is the important factor. The ligated stumps of the broad ligaments should be brought down into the vagina and sutures passed in such a manner as to unite a portion of both the peritoneum and vaginal vault around the stumps above the ligatures, at the same time leaving sufficient space in the vaginal vault to permit the introduction of iodoform gauze, or some other method of drainage,

As a fitting illustration of the possibilities of vaginal hysterectomy for the gravest conditions possible to conceive, I will briefly review one case that came under my observation. The patient was Mrs. T., aged thirty two, whose history I will omit, was first seen by me after she had been six weeks confined to her bed, with alternating chills and high temperature, and in a condition of profound sepsis. Her physical appearance at the time of my visit reminded me of a person dying of malignant disease. Quite a large regular mass filled the cul-de-sac, and the uterus was firmly anchored. Pus mixed with blood flowed through the uterine canal, and at times came away in such quantities as to lead the patient to conclude, on account of the pain, that she was passing something from the bladder. I recommended vaginal hysterectomy as the only method which promised permanent relief. The patient was promptly brought to my hospital, and as soon as she could be prepared the operation was performed. As soon as the cul-de-sac was entered, pus, mixed with blood, but odorless, passed out in profuse quantities; the same was true when the peritoneum between the uterus and bladder was opened. Before ligating the tubal portion of the broad ligaments, I shelled out the remaining portion of what at one time was a large ovarian abscess wall. The ovary on the opposite side was somewhat enlarged, but so firmly adherent to the pelvic fascia that it was allowed to remain. Thorough irrigation with a creolin solution; fastening the stumps of the broad ligaments as before described, and using iodoform gauze as drainage, completed the operation. Upwards of two quarts of pus were drained from the pelvis during the operation.

The patient's convalescence was necessarily slow, and in fact rather tedious. Her temperature had ranged from one hundred to one hundred and three and a half, most of the time during her sickness prior to the

operation, and pulse from one hundred to one hundred and forty. Her pulse and temperature remained about the same during the first week after her operation; at no time, however, was there a symptom of peritonitis. Basing my opinion on the steady and permanent improvement of the patient, it is fair to state that her ultimate recovery to good health is assured. It is, of course, possible that this result may have been brought about by some other method of operating, but I am loth to admit that any other procedure would have afforded more than temporary relief, at the most, and probably caused sudden death.

A Few Words on the Treatment of Chronic Diseases of the Uterine Adnexa.

By T. A. STODDARD, M. D., Professor of Diseases of Women and Obstetrics, Pueblo, Colorado.

Written expressly for this Journal.

That there exists wide differences of opinion between medical men on this very important subject, there can be no room for doubt, and in many instances the reasons given for these differences are of a somewhat sentimental nature, and should not receive the support of any true medical mind for one instant.

I will endeavor to give the treatment of diseases of the adnexa by laying down negative lines, for really each case must be treated on its own merits, and no strict line can be followed, but general surgical principles ought always to prevail.

The prevention of these diseases is by far the more important, and in the light of our present knowledge of the causation of ovaritis, salpingitis, there ought to be, and doubtless will be, a marked falling off of deaths from these diseases in the future,

While it is true that there are some cases of chronic diseases of the adnexa permanently cured, by prolonged local and general treatment, without any operative procedure, yet these cases are almost wholly neuroses, and are not due to any pathological change in the tissues themselves.

I am not in favor of removing the ovaries from every woman who suffers from ovarian neuralgia, or dysmenorrhœa, nor yet do I believe it is always well to remove these organs because the patient has attacks of hystero epilepsy; but when the patient is a confirmed invalid during a week or ten days out of every month, and I find that the ovaries are permanently diseased in themselves, or by reason of the results of previous atacks of pelvic-peritonitis, then the sentimental rot about unsexing a woman has no influence in determining the course I shall pursue.

It has been said that the sexual relations of a woman are three-fold: as a woman, as a wife, and as a mother, and in the large majority of cases

where operative interference is indicated, the patient has been by the diseased condition, already unsexed in two of these relations. Her functions as a mother have been long destroyed, and the pain on coitus has long since precluded the marital act, but her sexual appetite is still present, and if the removal of the ovaries destroyed this appetite, we might from the standpoint of the brute, hesitate; but the removal of the ovaries does not have this effect. In fact the sexual appetite sometimes seems more keen after the removal of these glands than it was before.

Another reason given by men high in authority is that it is not justifiable to remove a part because it is inflamed. Now this would apply if we could get at the inflamed part, and treat it locally just as we would an inflamed finger; but this we cannot do, and besides we must take into consideration the cause of the trouble as well as the condition of this organ when inflamed. I am not now speaking of congested ovaries, for there is a very wide difference between the two in relation to cause, condition, and effect. How often have we seen limbs removed because of inflammatory processes, or what is more precious still, the eye. And when we remember, as we recall the condition, through our knowledge of anatomy, what the actual condition is, or must be, to give us an inflamed ovary, there is no doubt left in our mind as to the proper course to pursue, if we have the best interests of our patient at heart. Then again we are told that it is a very dangerous operation. Well, yes it is a dangerous operation, but where does the greater danger lie, in opening the abdomen and removing a pus sack or allowing that sack to burst into the pelvic cavity and set up a general peritonitis? Have you ever thought why it is that where one *man* dies of peritonitis fourteen *women* die of the same? Do you not think that if it could be computed by percentage, of all women who have chronic diseases of the adnexa, that the let alone cases which prove fatal would not far exceed in number the fatalities which follow operations for the relief of the same?

Conservatism is good and commendable, but when we allow a woman to go around with a pus cavity in her pelvis without telling her the danger she is in and advising proper measures for its removal, and call that being conservative, then our knowledge of the meaning of words might well be subject to criticism.

If we find a pelvic abscess pointing in the vagina and can be sure that without wounding any large vessels or allowing any of the pus to escape into the pelvic cavity, we can reach and evacuate that pus through the vagina, it is our duty to do so, and thus save the patient from the grave danger of laparotomy, and the graver danger of carrying that pus around until it bursts into the pelvis and ends the life of the patient.

Don't attempt to pass an electric current through the pelvic vicera of every patient who comes giving symptoms of pelvic disease, and call it being conservative. Don't attempt to curette the uterus without dilating

the cervical canal thoroughly, and call that conservatism. Don't curette without first washing out the vagina and afterwards packing the uterus with gauze and think you deserve credit for being very careful and conservative. Don't open the abdomen of every woman who complains of a pain in her side, and because you are through the abdominal wall, remove the ovaries whether diseased or not, and congratulate yourself on your conservative principles. Don't open the abdomen and because the task ahead seems more arduous than you had hoped, close it up again without an attempt to relieve your confiding suffering patient, and then say "see how conservative I am. I would not remove the diseased parts, because —well, because." Don't consider it being conservative to treat all cases of long standing purulent endometritis with nothing but the classic boroglyceride tampon. Don't advise laparotomy in all cases of diseases of the adnexa without first attempting some palliative measures. The primary cause of most of these diseases being a diseased condition of the uterine mucosa, an attempt should always be made to relieve or cure that condition and give nature a chance to repair damages already done, and failing in this, with no other resource, do a laparotomy and prevent the further entrance of septic matter into the abdominal cavity as well as remove the already diseased parts. This is easily said, but not always so easily done, even when your patient submits to this grave and unpleasant operation. It is sometimes a difficult matter to know just when to operate to obtain the best results, but it is generally accepted that in acute exacerbations of a pelvic peritonitis it is best not to operate except where the peritonitis has become general and the patient appears to be sinking. Where there is every reason to believe that the cause is gonorrhœal in origin and the peritonitis is general, it is quite useless to operate, for invariably the case ends disasterously.

In the period between the attacks then is certainly the best time to operate, and I do not think we are doing our duty by our patients, who have had one attack of pelvic-peritonitis if we do not fairly state to them their true condition, but keep on lulling them into a feeling of security, by making vaginal applications which has never yet cured a single case of purulent endometritis, much less prevented repeated attacks of pelvic inflammation.

The practice of applying to the interior of the uterus any escharotic without first dilating the cervical canal is highly reprehensible, and in the large majority of cases is productive of positive and permanent harm. In fact the amount of benefit arising from the application of escharotics under any conditions will not warrant any one in using them ; but when we add to this the great amount of damage which is frequently done by their use, it leaves no room for question in our mind as to what place these substances occupy in gynæcological work.

The treatment of these diseases with the electric current, even in the

hands of those understanding its therapeutic application, has not in any sense reached the sanguine expectations of its greatest advocates; in fact it has in many instances done great harm, and when we consider the many who use it constantly, and have absolutely no knowledge of its therapeutics, can we wonder that sometimes the profession is brought into disrepute, through the agency of many of those claiming standing room in its ranks. The advocates of this line of treatment, claim altogether too much, and I can give the names of eminent men in the profession who gave it a fair trial, and after seeing the results completely discarded it as often worse than useless, and always of doubtful utility.

Lumbarin=Its Effect on the Nervous System.

By Hugo Engel, A.M., M.D., Fellow of the American Academy of Medicine; late Professor of Nervous Diseases and of Clinical Medicine at Philadelphia, etc., etc.

Written for the Charlotte Medical Journal.

Brown Sequard was the first physician to employ so-called animal extracts and to establish the principle heretofore never promulgated: in cases of diseased organs or of disturbed functions to make use of an extract from the same organs, as existing in the healthy animals, and to administer such extracts for therapeutical purposes. He had noticed that an extract, obtained in this manner from the normal testicles of healthy sheep, if injected subcutaneously into the tissues of an older man, gave rise to an excitation of the whole nervous system, but especially to increased function of the male sexual organs.

Various other similar extracts have since been prepared, and that derived from the thyroid gland of the sheep has proven a valuable remedy, used internally, in cases of the diseased or destroyed human thyroid.

Chemical investigations have demonstrated the fact, that all these extracts are highly organized, albuminous substances, and that they all contain phosphorus in organic combination. This has brought phosphorus into general use, but with what serious injury to the human system, not many physicians may be aware of. Phosphorus in substance and in nearly all its metallic combinations is very hurtful; dyspepsia and complete breaking down of the digestive powers, organic disease of the liver, irreparable damage to the kidneys, and morbid lesions of the nervous system forming some of the most common by-effects, due to the continuous administration of phosphorus in the forms referred to.

But when this powerful drug is given in the shape of the acid and combined with an animal extract, it is totally free from these objectionable features. This is proved by the latest organic substance of that kind, *Lumbarin*, which is an extract, obtained from the lumbar enlargement of the spinal cord of the young male sheep and prepared in such a way, as to combine all the beneficial effects of phosphoric acid in organic combina-

tion and of the specific action of the animal extract, without causing any injury to the system at large. In some cases, as will be mentioned later in the records of cases, it has been taken in large doses and, without any interruption for a whole year, with the best results.

Lumbarin has an other advantage which recommends it to the medical profession; it is no proprietary article, as to our regret most of the animal extracts are; is not all protected by law and dispensed and sold only upon a physician's prescription; important facts, which the profession knows how to value. Unless, indeed, a remedy possesses these properties, it should never be encouraged by the medical profession and not be discussed at all in medical journals. When manufacturers, for their own selfish ends, place themselves outside the ethics, their products should also be left outside the medical circle.

Lumbarin was first recommended as a specific cure for the impaired functions of the male sexual organs in uncomplicated cases and appeared to have so remarkable an effect, that I determined thoroughly to investigate its action, and induced a number of confreres to aid me in these researches. Before I mention the results obtained, I shall report some cases, to illustrate the mode of administration pursued and the effect of the treatment.

Ch. K., aet 45, widower, merchant; May 16th, 1894, called at my office and stated, that he had never suffered from any private disease and had been in good health, until four years before, when, a year after the death of his wife, he noticed that he was impotent. He had no desire, had for over two years observed no erection whatever, and had no seminal discharges. No special disease could be discovered; the testicles seemed smaller and less elastic, and the organ itself was flabby, small and cold. Being engaged to marry, he naturally was anxious to regain the lost sexual power. Ordered Lumbarin as follows, mentioned here in detail, as the method observed remained the same in all cases:

To take for two days 15 drops 3 times daily, then to increase the dose by 15 drops every day, until one fluid ounce were taken, when a fourth dose of one fluid drachm at night, before retiring and after first eating a few crackers, was added. For two days longer this dose of one fluid drachm was taken four times daily, when the patient reporting a decided increase in the force of expelling the urine, the doses were again increased daily by a quarter of a teaspoonful (15 drops) more, until, finally, two drachms and a half were administered four times a day. When the dose had reached two drachms the patient first observed erections in the morning, before micturition, and from that time on desire and vigor both increased so decidedly that, by the end of the third week, the patient was discharged cured. The last four days the doses had been rapidly diminished without any return of the complaint. April 5th, 1895, I saw him again, when he reported the cure to have been permanent.

F. M., aet, 57, married, clerk ; February 6th, 1894, consulted me because of weakness in his sexual organs. He had some desire, but scarcely any erection, and when these occurred, they were more shadow than substance. No other complaint ; no local morbid change. Patient was put on the same course of Lumbarin, as detailed in the preceding case. It may be well to remark here, that since, to reduce the cost, Lumbarin has been placed upon the market in a far more concentrated form, the medicine should be decidedly diluted, a glassful of water being necessary for the large doses. This wise provision has so much diminished the expenses, that they amount to the patient to but $1.00 every eight days.

February 16th, M. noticed the first improvement; the erections on awakening were stronger, but though the virile power gradually increased yet the desired degree of strength was not attained, until the treatment, had been persevered in for a month, and the much larger dose of three drachms and a half had been administered four times daily for 5 days. The object having been obtained, the doses were reduced and finally stopped. A few days later the patient returned and complained that the former debility had again seized his sexual organs. The same treatment had to be resumed, therefore, and the former result was again obtained, only to be followed by the same consequences ; a return of the weakness soon after the withdrawal of the medicine. As long as M. was taking the larger dose of Lumbarin four t. d., his sexual organs could perform their functions ; the effect diminished with the decrease of the dose. Since that time, over a year ago, the patient has taken the remedy more or less continuously, always with the same good result, and without any by-effects, except that his strength in general has increased and also the buoyancy of his spirits.

L. G., aet 39, married, manager ; December 8th, 1894, asked me to relieve him of the sexual weakness, under which he labored. He had frequent nocturnal emissions, the desire was inordinate, erection but partial and, what troubled him most, the discharge premature. During the last two years he had lost all confidence in himself, for as soon as he attempted the sexual intercourse, the discharge would occur and the erection cease. The patient denied ever having had any private disease. Under the systematic course of Lumbarine the improvement was so rapid, that the erections were strong by the 14th day, but emissions still occurred every few nights, and the discharge remained premature. For the removal of the former the patient was advised to wear during the night a piece of lead, about the size of a common match box, and sewed into a bandage directly over the lumbar spine, while for the cure of the too early discharge I prepared to cauterize the prostatic urethra. To my surprise I found a tight, though dilatable stricture, which was cured by gradual dilatation, when the premature discharge ceased, and as the pressure on the back from the piece of lead always brought about a change in his position, the nocturnal emissions also failed to reappear.

Ch. B., aet 49, banker, married; December 16th, 1894, applied to me for the cure of sexual weakness. The patient, 5 ft. 11 inch. tall, weighed 261 pounds; but notwithstanding his healthy appearance, he had just about muscular tissue enough to move along; the rest was nothing but fat. Recognizing that no treatment could here have a permanent result, as long as the erector penis shared the condition of all the other muscles of the patient and had not sufficient muscular element left to produce a contraction, I first regulated B'.s mode and manner of living, and instructed him to practice, for half an hour twice a day, free gymnastic exercises, and to walk briskly from two to three hours daily. By February 15th, 1895, two months later, B. had lost 57 pounds; the fatty degeneration and the accumulation of adipose tissue had vanished, and his muscles all over were hard and elastic. Some of his virile power had already been regained, when I began the course with Lumbarin. Three weeks later the patient had recovered completely.

W. McI., aet 41, married, hackdriver; January 2d, 1895, came to my clinic complaining of loss of sexual power. He denied ever having had any private disease, or having any other abnormal symptoms. Physical diagnosis revealed no organic malady. After he had taken Lumbarin for a month, he admitted that he noticed a great improvement in the passage of water, and that he also felt in general much stronger, but that the strength of the sexual organs had improved but little. He further informed me, that he felt a numbness in the soles of his feet and in parts of both hands. Making a more thorough investigation, I soon discovered his inability to walk with closed eyes; the knee reflexes were absent; the pulpils showed only accommodative contraction, and there were, besides double vision, the characteristic shooting pains of locomotor ataxia. In this case the want of a perfect result in the treatment with Lumbarin gave me the first indication of the presence of an organic disease of the spinal cord.

F. J., aet 35, married, a physician; January 8th, 1895, I met him in consultation on another case, when he complained to me of the complete loss of virile strength. He placed himself under my charge, and I gave him Lumbarin in the usual manner. January 30th he admitted to be completely cured, and then informed me of an important discovery made by him. He was addicted to the use of morphia, which he used hypodermically, about eight grains t. d. All attempts at a gradual reduction and at substituting internal medication for the hypodermic method had failed, until reaching two drachms as the dose of Lumbarin, when once accidentally omitting the morphia, he discovered that the alkaloid taken internally had the same effect on him, as when applied subcutaneously. He at once began to experiment and found to his agreeable surprise, that he could easily diminish the quantity of the morphia, provided he took an extra dose of Lumbarin. So permanent and remarkable was this effect

that by March 15th, while his sexual power had been fully restored, he could either take a dose of morphia or do without it. He also made another important observation, also since verified by the same results in other cases; as long as he yet regularly took the morphia, large doses of Lumbarin, as such of six drachms! four and five times daily, seemed to have only an invigorating effect, but when he omitted the alkaloid, doses of Lumbarin of that size produced an acid dyspepeia and almost constant erections, so that he had to reduce the dose of Lumbarin to three drachms.

I have tried to select from each of several varieties one type to illustrate the really remarkable effect of Lumbarin. I shall now try to condense the results of my investigations.

If administered as described, *i. e.*, in gradually increasing doses, until two and a half drachms to three drachms are taken four times daily, Lumbarin in uncomplicated cases of loss or impairment of sexual power, is by far the most reliable specific, that we possess to-day, and uniformally successful. If hemorrhoids, stricture of the urethra, prostatic irritation or hyperæsthesia of the deeper portions of the urethra are present, they must first be removed by appropriate treatment. In the same way, if the muscles in general are flabby, or if the abnormal mode and manner of living has diminished the general vigor of the system, measures directed to the improvement of these conditions should receive prompt attention. Definitely prescribed gymnastic exercises, systematic, brisk outdoor walking for several hours daily, regulated diet, early retiring and early rising, while insuring eight hours uninterrupted sleep, and a tonic regime in general, all are essential.

We should never forget, how erections are produced. Either by the different afferent paths, or by our own thoughts, the cerebral centres are irritated and transmit through the vasomotor nervous system the order to the arteries, leading to the cells in the cavernous body of the penis, to enlarge, and these vessels then supply an augmented quantity of blood to the spaces, before almost empty. This act produces the gradually increasing enlargement of the organ, of which by the sensory nerves the centre in the lumbar enlargement of the spinal cord becomes cognizant, and the impression there produced is translated into a motor impulse which, carried to the erector penis, causes the muscle to contract, by doing which it tightly constricts the urethra at its lower part and thus prevents the reflow of the blood, causing the full erection. Naturally, if all muscles are flabby, the erector penis alone does not make an exception, and as it is no use to stimulate a muscle, which has very little contractile tissue left, we must acknowledge in such cases the necessity of a general improvement of the whole muscular system.

In older men Lumbarin seems to act on the spinal centres somewhat like a special nutrition, which must be supplied as long as it is desirous to specially nourish the parts. For this reason men, who have reached a

higher age, must not only augment the usual doses of Lumbarin, but they must also continue the medicine all the time. Fortunately it can be taken constantly in these cases without causing any injury. Should acid dyspepsia develop in some delicate stomach, 15 grains of bicarbonate of sodium in one tablespoonful of compound infusion of gentian and water will prevent this hyperacidity and remove any already developed. Any irritation at the neck of the bladder, as indicated by a more frequent desire to urinate and by a slight smarting sensation, often met with in cases of pernicious masturbation, will be rapidly cured by administering from one drachm to one drachm and a half in water, three times daily before meals, (can be taken with the gentian mixture) of the following medicine:

℞ Acid benzoic,.....ʒss—ʒi
Sod. bicarbon,.....q. s.
Aquæ cinnamomi,.....ʒiv M. S.

So definite is the effect of Lumbarin, that its absence alone is a proof of the presence of some complication, some organic disease. If this can be cured, sexual power will be restored under Lumbarin; if the underlying cause is an irremediable complaint, Lumbarin as well as any other remedy will prove useless.

In some cases of posterior sclerosis and of other spinal and cerebral maladies Lumbarin has reawakened the virile strength, but in all, excepting actual palsy of the bladder, a great improvement is noticed in the force of expelling the urine and in the general tone of the system.

Although it has not yet been observed in a sufficiently large number of cases, yet Lumbarin appears to exert a surprising effect in cases of opium habit, enabling the patient gradually to diminish the doses and finally to do without the accustomed drug, while from the very start it seems to prevent all injury to the organism from the habit. In all such cases it rapidly re-establishes the sexual power.

In exceptional cases much larger doses have to be given, and the remedy has to be continued a very much longer time. Here the individual experience alone can determine the limits. As soon, however, as the object has been obtained, the dose should be increased no more.

Naturally it is important to obtain the genuine article* and to make a careful diagnosis. If any complications exist, their treatment should first be undertaken and their cure be assured, ere a promise is made, based on the effect of Lumbarin. But in all uncomplicated cases, in which no organic disease can be discovered, in which an examination of the parts themselves reveals no morbid condition, and in which the testicles have not wasted completely, a cure may safely be guaranteed, if the directions given are strictly followed, and the course is persevered in for a sufficient length of time. All that a physician needs to do, to convince himself of the surprising effect of Lumbarin, is to take it himself for a while. It will not only not do the least injury, and prove a valuable tonic to the whole

nervous system, but however normal the virile power, under the influence of that drug it will be greatly increased Even on the centres of intelligence it has a decided effect, removing all languor and irritability of disposition and augmenting our ability for mental exertions.

Philadelphia, 2016 Arch Street.

*The Lumbarin concentrat. manufactured by Louis Koch & Co., 329 N. 4th Street, Philadelphia. On the label is printed: Only to be taken by the advice of the attending physician.

The Goldsboro Meeting.

The meeting of the State Medical Society, recently held at Goldsboro, N. C., will be remembered as one of the most pleasant, harmonious and profitable meetings ever held in the State. The number present was not as large as might have been, about 175 being present. It was a handsome body of men. Upon reaching the town of Goldsboro you could see that every thing was in readiness to entertain the medical men of the State. The hotel accommodations were very good indeed. The local physicians were ever ready to wait upon the visitors and extend to them their many courtesies. The Society met on Tuesday morning at 9 o'clock for business in the large Opera House.

Society opened with prayer.

Dr. Cobb's term of office as President having expired, Dr. Tucker, of Henderson, was duly installed.

Dr. Tucker displayed much grace, dignity and executive ability as President of the meeting. He is a man of possibly 52 years, 6 feet one or two inches, well proportioned physique, soft expression, with full beard slightly tinged with gray. He is a well preserved man. Seems to have been made for a physician, as the results of his labors clearly show, with his gentle manner, kind and sympathetic nature. His address was a very able one.

ADDRESS BY DR. JONES.

An Address of Welcome delivered before the North Carolina Medical Society, held at Goldsboro, N. C., by Dr. W. J. Jones:

Mr. President and Gentlemen of the Medical Society of North Carolina:

The presence of your learned and distinguished body in our city emphasizes an event of which we feel proud, and to which in after years memory will revert with pleasurable reminiscence. In your annual pilgrimage, after the cycle of many years, you once again appear at our gates, and in behalf of the local fraternity, our excellent Lord Mayor and Board of City Councilmen, with warm hearts and ready hands we extend a hearty greeting and cordial welcome to the hospitalities and privileges of your chosen Mecca, which we trust to make enjoyable during your temporary stay in our midst.

Coming, as you do, from the various sections of our grand old Commonwealth; some from her rock-ribbed mountains, upon whose majestic peaks are daily coronations by mingled cloud and corruscating sun rays; others from near the blue waters of the Atlantic, whose rippling billows awake with their splashing laughter the sunbeams of morning; and others again from our own beloved plains. And while unable to excite your admiration and awe with enchanting scenery of picturesqueness and granduer afforded by mountains and sea, still they come with radiant smiles and joyous hearts born of the inspiration of nature around them; and would point you to the Goddess of Plenty, whose cornucopia is ever replenished by this propitious climate and prolific soil; also, as typical of their aspirations, they have in their forests the tall and majestic pine, that sways its lofty head when fretted by the gusts of heaven and bids defiance to the storm clouds, and yet bows complacently at the rage of an impotent foe—even political—as in Goldsboro and the county of Wayne. Yes, gentlemen, during your short respite from laborious professional work, we trust that while in our city your enjoyment will be commensurate with our esteem and appreciation of your distinguished body.

Mr. President, the scientific guild over which you have the exalted honor to preside on this occasion (it being your forty-second annual session) is comparatively but a small contingent of the grand army of colaborers in the ever progressive and widening domain of medical science. With the population of seventy millions in the United States of America we have one hundred and five thousand and one hundred and eighty-three practicing physicians, and we hope, sir, that the physicians and surgeons of your learned body will not in the future, as in the past, be content, with their God-given talents, to merely swell the overflowing mediocrity of their profession, but achieve and maintain the highest standard of professional excellence. By earnest and persistent determination to surmount all obstacles, ever keeping your eyes toward the summit of professional eminence, where, inscribed in living light, are the immortal names of the illutrious members of your profession, you may in this way hope to reach the goal or upper rungs in the ladder by which alone you may expect to enter the Temple of Fame, possessing wealth and happiness, and in the "yielding stone of time" have your fondest dreams engraved.

Within the last two decades the advancement in the science and art of your enobling profession has been marvellous indeed, and should cause us most reverently to proclaim our gratitude to a merciful God for the discovery and utilization of inexhaustible resources which are of incalculable benefit to suffering humanity.

While it is true that your progress has been phenominal, and that clinical demonstration of advanced methods in surgery and rational medicine has enabled you to hold in leash the terrible scourges that ever and anon are wont to invade and decimate the bright and beautiful habitations

of man, yet you must confess not infrequently your utter inability to successfully resist or capture the invading foe, "and with sad entreaty invoke the mystic elixir vitæ" of a Paracelsus or the heavenly electrified Pool of Bethesda, by the touch of whose agitated waters the demon of disease is instantly expelled.

Mr. President, the grave responsibility resting upon our profession makes it no sinecure; its labors are various and constant, its toils unremitting, its cares unceasing.

The physician is expected to meet the grim monster, "break the jaws of death and pluck the spoil out of his teeth." His ear is ever attentive to entreaty, and within his bosom are concealed, sacred and inviolate, the disclosures of the suffering and dying. Success may elate him, as conquest flushes the victor.

Honors are lavished upon the brave soldiers who, in the struggle with the foe, have covered themselves with glory and returned victorious from the field of battle, but how much more brilliant is the achievement of those who overwhelm disease, the common enemy of mankind, whose victims are numbered by the millions. Another paramount duty of the physician as a public benefactor I will suggest by submitting the postulate that if the stability and maintainance of good and permanent government depends upon the virtue and intelligence of its people, it is imperatively necessary to foster and secure the health, strength and physical development of succeeding generations of a stalwart and vigorous yeomanry, who can not only defend and perpetuate government, but become fathers and mothers of statesmen, philosophers and warriors—men who can say ambition has no height where genius and talent may tread that has not felt the impress of their feet.

And now in conclusion, Mr. President, we would repeat our welcome to your distinguished fraternity of scientific workers, hoping that your session in Goldsboro shall have accomplished much for your organization, much for the profession of medicine, much for suffering humanity, much for the world, much for yourselves. May heaven's choicest blessings be in store for you! May you live to enjoy long, useful and happy lives! May the hand of Fate bestow on you fame, wealth and happiness; and, finally, sir, may the North Carolina State Medical Society live in the love of science and fellowship until that God whose means and ends are love shall decree that they shall end on earth, but still may love and fellowship guide you through the pearly gates into the eternal city.

REPLY OF DR. O'HAGAN.

Dr. C. J. O'Hagan, of Greenville, had been chosen by the State Society to respond for them to Dr. Jones' address of welcome, and he was introduced by Dr. Cobb, who spoke of him truly as the "silver tongued" men

ber of the profession and the "father of the State Medical Society." Dr. O'Hagan said :

Mr. Mayor, Ladies and Gentlemen :

My friend, Dr. Cobb, has given me such a wonderful send-off here I am afraid that you will expect far more than I am able to give you ; and after the eloquent and warm address of welcome we have received here I find I have no language sufficient to express the feelings that animate this body.

I'm a plain, blunt man, not gifted with a set phrase of speech, one whose days and nights are occupied with sick beds in work, and I regret at this time that I am not gifted with the necessary powers of speech to express in sufficient terms the feelings and gratitude that we feel toward the Goldsboro people to-day, not that it is strange to me for I knew it before. I knew it when it was a way station and should I have been astonished then at the wonderful growth ; at your wide and spacious streets, showing that the hygienic sanitation of the place is attended to ; at the wonderful industrial works ; and above all, the enlightened system of education which you have provided for the youth ? All these testify to the energy of the public spirit, and the munificence of the people of Goldsboro. And among all the triumphs, industrial and other, none can possibly compare with the educational institution which you have here in your midst, the Goldsboro Graded School. All other achievements in my judgment, sink into insignificance compared to that. As the English poet Gray in his Elegy upon the churchyard speaks of "full many a flower born to blush unseen," so many a flower which would have withered under the blighting hand of penury, will arise, and, in years to come, not only upon the town which has bestowed these educational advantages, but will shed glory upon the whole country to which we belong.

But while thinking of these triumphs I cannot but refer back to the past and wish that I could see here among the many faces which surround me, the many friends who have gone before. I think also of the many gallant soldiers who have gone from this town, of the many Goldsboro Rifles, who among thousands of others, gained and hold the fame and glory of North Carolina bravery. And can I forget that gallant band of cavalry, that first cavalry to which I had the honor to belong, and the gallant Tom Ruffin, the purest and best and noblest man of the many with whom I have been acquainted. There is a beautiful custom in the French service. After the days of the first revolution of France, when the Grenadier Guards came to the front for review, they called out the name of the best and oldest Grenadier and his name was Lateur de Verne. Some one stepped forward and with a shout proclaimed, "Dead upon the field of battle ;" and when the name of Thomas Ruffin is called, the answer comes, "Dead upon the field of battle," a cavalier without fear and without re-

proach, an honor to any service and a leader of men, one of whom the Roman legionaries and the guard of the great Emperor himself were not superior.

And now, ladies and gentlemen, at the risk of being tedious, I will bring my few scattered remarks to a close, and in the name of the Medical Society of North Carolina, thank you, again and again, for your generous and hospitable welcome.

A great many valuable and carefully prepared papers were read at this meeting and the discussion upon the different points was very interesting and instructive.

The following papers were read:

Section on Materia Medica and Physiology.

"Diphtheria Antitoxine," Albert Anderson, M. D.

Section on Anatomy and Surgery.

Report of Chairman, Dr. C. O'H. Laughinghouse, Greenville. "Something of Surgery Up to Date."

"Non-Penetrating Abdominal Injuries." Robert S. Young, M. D., Concord.

"The Anatomy of Hernia, with Reference to Vacewan's Operation." R. H. Whitehead, M. D., Chapel Hill.

"Anæsthesia." J. G. Blount, M. D., Washington.

"A New Method of Applying Plaster-of-Paris Dressing in Fractures." H. A. Royster, M. D., Raleigh.

"A Report of a Case of Chronic Purulent Otitis Media." S. J. Montague, M. D., Winston.

"Surgical Technique." J. W. Long, M. D., Richmond, Va.

"Cases of Hypertrophic Nasal Catarrh, Treated by Electrolysis." "Case of Malignant Tumor of Knee Joint." "A Case of Complex Error of Refraction of Eyes." Francis Duffy, M. D., Newbern.

"Corneal Ulcers." W. H. Wakefield, M. D., Charlotte.

"A Case of Multiple Perforation of the Small Intestines." R. H. Whitehead, M. D., Chapel Hill.

Annual Discussion. A. A. Kent, M. D., Leader.

"The Abuse of Alcoholic Stimulants in Practice."

Section on Medical Jurisprudence and State Medicine.

Report of Chairman, Jas. A. Burroughs, M. D., Asheville. "Needed Legislation and a Practical Enforcement of Existing Laws."

Voluntary Papers pertaining to this Section.

Section on Gynæcology.

Report of Chairman, A. H. Harris, M. D., Wilmington.

Voluntary Papers pertaining to this Section.

Papers omitted from previous Sections.

Section on Obstetrics.

Report of Chairman, Joshua Tayloe, M. D., Washington. "Abortion and its Management." Read by Dr. Riddick.

"Puerperal Septic Infection—Its Prophylaxis and Treatment of Infection Through the Uterus." F. H. Russell, M. D., Wilmington.

"The Radical Treatment of Puerperal Eclampsia." T. S. McMullan, M. D., Hertford.

Handed in by Dr. Faison. "An Obstetric Resource and Necessity." Jno. R. Irwin, M. D., Charlotte.

"Uncontrollable Vomiting of Pregnancy." W. S. Anderson, M. D.

Annual Essay. "Empiricism." R. H. Stancell, Jr., M. D., Margarettsville.

Annual Oration. "The Cradle." W. P. Mercer, M. D., Elm City.

Section on Therapeutics and Practice of Medicine.

Report of Chairman, Thomas Riddick, M. D., Woodville. "Pneumonitis in Childhood."

"Erysipelas." D. J. Hill, M. D., Germanton.

"Scarlet Fever." Thomas R. Marshall, M. D.

"Cholara Infantum." W. E. Fitch, M. D., Durham.

"Dietetic Regimen in the Treatment of Disease." R. J. Grimes, M. D., Bethel.

"Whooping Cough." F. Homer Arthur, M. D., Harrell's Store.

"Care of the Insane, and Treatment and Prognosis of Insanity." P. L. Murphy, M. D., Morganton.

"Therapeutic Use of Tobacco in Parasthesia, with Report of a Case of Pruritus Hiemalis." S. J. Montague, M. D., Winston.

"Hemorrhagic Fever." P. B. Loftin, M. D., Grifton.

"Remarks on the Treatment of Typhoid Fever." E. F. Strickland, M. D., Bethania.

"Treatment of Diphtheria." R. A. Patterson, M. D.

"Phthisis Pulmonalis." A. B. Pierce, M. D.

The Examining Board of North Carolina has always held her standard at a very high mark, for their own reputation and for the good of the State. To show the standard of efficiency required, and also the degree of justice and fairness observed, we append the questions before the Board below:

Chemistry.—George W. Long, M. D., Graham, N. C., Examiner.

Q. 1. What are alcohols and what different forms are there?

Q. 2. Name the principal oxygen derivatives of the hydrocarbons.

Q. 3. Define alkaloids, tell how they are subdivided, give general characteristics, and mention antidote.

Q. 4. Give the principal groups of carbohydrates, mention purest form of cellulose and tell what it is called when it is deprived of its fat.

Q. 5. Give antidote for poisonous doses of $AgNO_3$, explain reaction and tell why brandy would be a better stimulant for the patient than ammonia.

Q. 6. If chlorine is brought into contact with H_2S, what would be the reaction?

Q. 7, What are the antidotes for H_2S poisoning?

Q. 8. Give reliable test for detecting albumen and sugar in urine.

Q. 9. Explain what is meant by analysis and synthesis, and tell how they can be applied to water.

Q. 10. Define the term potable, hard, temporary hard, permanently hard and soft water, and tell what precaution should be observed in selecting water supply from rivers and wells.

EXAMINATION ON SURGERY.—W. H. Whitehead, Rocky Mount, Examiner.

1. Define Ganglion, Arthritis and Lipoma.
2. Give Pathology of Tetanus. Treatment for Epididymitis and Balanitis.
3. Name Tumors most frequently found in the breast. Differentiate Malignant from non-Malignant.
4. Give symptoms of Ulcer of the Rectum. Name varieties of Fistula in Ano.
5. Define Blepharitis, Ectropion and Adenitis.
6. Name varieties of Gangreen. Give Pathology and treatment for Anthrax.
7. What are the causes of retention of Urine? Name varieties and treatment for Hemorrhages.
8. What is Erysipelas? How prevented? How treated?
9. Give Diagnostic signs of (a) Aneurism (b) Hectic Fever.
10. Name the Inflammatory Diseases of the Bones. Give treatment for Potts' disease.

EXAMINATION IN PRACTICE.—J. M. Hays, M. D., Greensboro, Examiner.

1. What is the difference between Deodorants and Disinfectants? Give examples of each with method of application.
2. What is Atheroma? What organs are principally affected by this condition, and how?
3. What is the period of incubation in Measles? The initial symptoms? How long after latter before eruption appears? Diagnosis?
4. Give symptomatology of Simple Continued Fever and state in detail the diagnostic differences between it and fevers of malarial or typhoid origin?
5. Give treatment of Quinsy in its various stages?

6. Give causes, symptoms and treatment of Facial Paralysis?
7. Give cause and treatment of Nephritic Colic. From what is it to be distinguished, and how?
8. What Affections of the Heart are due primarily to Rheumatism?
9. What are the symptoms of Antero-lateral Sclerosis and Locomotor Ataxia respectively?
10. Give Symptoms and Treatment of Chronic Gastritis. Write out in full two prescriptions for same.

EXAMINATION ON DISEASES OF WOMEN AND CHILDREN.—Julian M. Baker, M. D.. Tarboro, N. C., Examiner.

Diseases of Women.

I. Describe the ovary.
II. Describe the normal position of the uterus, the factors which influence it and the varieties of pathological displacements of of the same.
III. What are the symptoms, physical signs and treatment of laceration of the cervix?
IV. Give the symptoms, physical signs and differential diagnosis of large fibroids of the uterus.
V. Give the diagnosis and treatment of para-metritis.

Diseases of Children.

I. Define retro-pharyngeal abscess and give the symptoms and treatment.
II. Define acute meningitis and give the pathology and treatment.
III. Give the differential diagnosis of scarlet fever, measels, roseola and variola.
IV. Describe scabies and give treatment.
V. Give the origin, symptoms and treatment of tape worm.

ANATOMY.—Dr. Burbanks, Wilmington, Examiner.

1. Describe the axis or second cervical vertebra?
2. Give the origin, foramen of exit, and distribution of the third cranial nerve?
3. Give extensor muscles of the tarsus, origin and insertion?
4. Give the relation of the vermiform appendix and cœcum?
5. Give the coverings of oblique inguinal hernia?
6. Give the branches of the external carotid artery?
7. Describe the knee joint, bones, ligament and synovial membrane?
8. Give the relations of the femoral artery in Scarpa's triangle?
9. Describe the brachial plexus?
10. What structures would you divide in amputation of the leg at its upper third?

EXAMINATION IN PHYSIOLOGY.—H. B. Weaver, M. D., Asheville, Examiner.

I. What is Proto-Nuclein?

(1) Of what is it composed?

(2) How is it elaborated in the Organism?

(3) What are its Functions?

II. Describe the Distribution and Offices of the Vessels which supply the Liver.

III. What is the Composition of the Blood?

(a) What is the cause of Coagulation and the Conditions which modify it?

(b) What is the Origin of the Red and the White Corpuscles; their Functions and Relations to each other?

(c) How does Lymph differ in *Composition* and *Function* from blood?

IV. Describe the (Nervous) Mechanism of Respiration.

(a) Give Difference in Composition between *Inspired* and *Expired* Air?

(b) What is the Condition of the Gases in the Blood?

(c) Explain the *Phenomena* of Asphyxia.

V. Describe the different kinds of Nervous Tissue, giving their difference in Structure and Functions?

VI. What are the General Physiological Properties and Functions of the Spinal Cord?

(1) Give a distinction between the *Anterior* and the *Posterior* Roots of a Spinal Nerve and its *Anterior* and *Posterior* Branches.

(2) Give the law of Decussation of Nerve Fibres in the *Columns*, both Sensory and Motorary.

(3) What is the essential *function* of the Posterior Column?

VII. Give the Origin, Distribution and Functions of the Facial Nerve.

VIII. Locate the Cardio Inhibitory Centre, and the Vaso-Constrictor Centre, and explain the Phenomena of each.

IX. Describe the *Physiology* of the Sense of Sight.

(a) Describe in detail the Retina, stating its *Functions*.

(b) State the essential *Conditions* for proper Vision: the Nerves and the Centres which govern this *Function*.

(c) What is the *Function* of the Choroid?

X. What are the Functions of the Cerebrum?

(a) Locate the Motor Centres.

(b) The Sensory Centres.

(c) Where is the Centre for Speech?

MATERIA MEDICA AND THERAPEUTICS.—L. J. Picott, M. D., Littleton, N C., Examiner.

1. Define difference in heart tonics and heart sedatives, and illustrate by several?
2. Give symptoms and treatment of poisoning by digitalis?
3. Give symptoms and treatment of poisoning by cocaine, with maximum dose hypodermically?
4. Give the treatment of night sweats of phthisis, naming the anhydriotics particularly.
5. What are galactogogue and galactaphygus? name them.
6. Explain why pot. iodide—bichloride mercury—are theoretically incompatible, but not practically so?
7. Give symptoms and treatment of bromism, and causes?
8. What is the therapeutic uses of hydrated sesquioxide of iron?
9. Dose and uses of tincture of strophanthus?
10. Dose of arseniate of iron; dose of tincture convallaria majalis and its therapeutic uses? What is the therapy of argyria?

The applicants before the Board were especially good looking and intelligent body of young men, and one very handsome and well posted little woman.

Dr. R. L. Payne, of Lexington, N. C., was elected by acclamation as the next President of the N. C. Medical Society.

The two most notable and meritorious exhibits at Goldsboro were those of Henry K. Wampole & Co., manfacturing chemists, of Philadelphia, who were so ably represented by Messrs. J. E. Langley and Jas. R. Ligon, Jr., and The Virginia Pharmacal Co., of Richmond, represented by Mr. T. B. Meacham. These gentlemen took great care in explaining to the physicians the superiority of their preparations.

I would be doing a great injustice to myself and the people of Goldsboro if I should fail to mention the banquet given on Wednesday evening, and the stylish and much enjoyed German that followed. Every body was happy and enjoyed themselves to the fullest extent.

The next meeting of the N. C. Medical Society will be held in Winston, N. C.

Dr. William Osler, of Baltimore, who, it has been announced in the lay press, had been appointed President of McGill University, Montreal, states authoritatively that he has not accepted the position and that he does not intend to leave Johns Hopkins University.

A Doctor's health has been estimated by an Atlanta, Ga., jury to be worth just $400. The discrepancy between the jury's estimate and that of the unfortunate physician was $9,600.

PYROZONE.

(3 per cent. Aqueous Solution.)

THE name PYROZONE is applied by the manufacturers to absolute H_2O_2. The 3 per cent. aqueous solution answers to the tests of the new U. S. Pharmacopœia, with the additional advantages that it is pressureless and permanent, losing none of its energy until used. It is far superior both in exactness of strength and keeping qualities to the usual strength of peroxide of hydrogen. Dr. Bansford Lewis says: "Pyrozone is certainly an advanced step."

DIURETIN.

(Knoll)

THIS valuable diuretic has been extensively used by a great number of prominent practitioners, among whom may be mentioned DuJardin-Beaumetz, Masius, Demme, Erb, Keyes, Babcock, Herrick, Henderson and many others, in the treatment of **Dropsy, Heart Disease, Scarlatinal Nephritis, Rheumatism,** and as a general **Diuretic.**

TARTARLITHINE.

A New Remedy for GOUT and RHEUMATISM.

A prominent Physician writes: "I have used Tartarlithine in the treatment of about a dozen cases of my own with results that are little less than wonderful. The characteristic feature of its action is the rapidity and promptness with which patients improve under its use. An improvement is noticeable within 24 hours."

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(Analgesic.)

HAS been extensively employed in **Rheumatism, Neuralgia, Cephalalgia,** etc., and in the treatment of **Pain** generally.

Exalgine is largely used at the present time in Germany in the treatment of **Chorea,** for which it was originally recommended by MONCORVO, and extensively used by LOWENTHAL, of Berlin, and DANA, of New York. The dose should not exceed 2 or 3 grains three times a day at first.

Literature on the above, also on Albolene and Albolene Atomizers, Pyrozone Atomizers Comp. Stearates, Pulverflators, McK. & R. G. C. Pills, Fluid Extracts, &c., furnished on applying to

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Is now completed and open for the reception of patients. The building is entirely new, designed and built especially for a SANATORIUM. It is finished throughout with hard wood, the walls are hard finished, and precaution has been taken, in every detail of construction, to render it, with proper care, absolutely clean and aseptic. It is heated throughout with hot water, and, in addition, all bedrooms have open grates; lighted with gas and electricity; electric passenger elevator and call bells; experienced matron; select corps of trained nurses, both German and American.

Physicians who wish to send this class of patients from home for treatment may be assured that everything possible will be done for their comfort and restoration to health. For further information, which will be cheerfully given, please address

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Containing the Essential Elements of the Animal Organization—Potash and Lime;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a SLIGHTLY ALKALINE REACTION.

IT DIFFERS IN ITS EFFECTS FROM ALL ANALAGOUS PREPARATIONS; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

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Its Curative Power is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

THE MECHANICAL TREATMENT OF CHRONIC CONSTIPATION.

This is a very difficult and often very unsatisfactory disease to treat. It is also one that prevails very extensively throughout the universe. Mechanical treatment is the most satisfactory in a large number of forms of chronic constipation. By mechanical treatment is meant—friction pressures and percussions—flexon, extension, abduction, adduction, etc.

The various forms of constipation which are likely to be benefited are: (1) From anæst' esia of mucous membrane; (2) from muscular paralysis; (3) from induration of the stools, and (4) from mechanical obstacle. The contra indications are; (1) Acute inflammation of intestines, peritoneum, peri-intestinal cellular tissue, or of intra-abdominal veins; (2) ulcerations (round, tuberculous) of stomach or intestines; (3) tumors of the alimentary canal (sarcomata, carcinomata, polypi); (5) voluminous fæcal masses of stony hardness. Considering the value of diet, habit, purgatives, hydro therapy, injections, electricity, various medicinal methods, the general conclusion is that of all these methods only one can be compared to the mechanical, and that one is electricity. But when one considers the question from the standpoint of success, massage shows figures which are not surpassed by electricity. As to facility of application, massage is superior in that it does not require any apparatus, and can be applied equally well at the house of the patient as at the office of the physician. Further, massage is better borne than electricity, and particularly by children.

Mechanical treatment takes rank among those therapeutic agents whose action is most energetic upon the circulation, the respiration, and general nutrition. It can modify the abdominal circulation, and cause certain foreign congestions, notably those which are met with in abdominal plethora, to disappear. Under its action the muscles acquire an increase in volume and strength. It is the best curative agent in constipation dependent upon muscular paresis or paralysis not of central nervous origin, or upon diminished sensitiveness or anæsthesia of the mucous membrane due to local causes. Finally, it is formally contra-indicated when constipation is due to acute inflammatory lesions or to tumors.

THE DANGER OF ANÆSTHETICS.

As long as anæsthetics are administered, just so long will there be danger connected with their administration. It is not a pleasant duty to put a patient to sleep, for the record shows us that one in so many never rally. How careful and precautious should every physician be in administering them.

We have frequently called the attention of our readers to the large number of fatalities which have recently occurred from the administration of chloroform, and, without going into particulars as to the precise causes for this apparently increasing number of accidents, we would direct especial attention to a fact to which, hitherto, comparatively little attention has been given. Even in slight cases of diabetes it is well known that the patients are apt to become suddenly comatose, and die, evidently from toxæmia; and it might be thought almost unnecessary, therefore, to point out that there would be a greater danger in the administration of chloroform or ether to such cases than to those who are in ordinary health. As a matter of fact, we learn upon excellent authority that, in at least twelve recent fatal cases, the urine was found to contain sugar, and this is a matter to which the attention of the profession has not been directed as strongly as is manifestly necessary. The importance of always examining the urine, as well as the heart, before an anæsthetic is given to a patient, should be always remembered. A curious fact in this connection, which has been noted by more than one reliable observer, is, that patients suffering from diabetes, and who have even taken chloroform or ether satisfactorily, sometimes become, a few hours after the anæsthetic, stupid, confused, and drowsy, and, finally, some of these have showed gradual loss of consciousness which deepened into coma and then death. It is impossible, therefore, to over-estimate the importance of knowing the condition of the patient's kidneys, as well as the condition of the heart, before any anæsthetic is administered.

TYPHOID FEVER EPIDEMIC.

It comes from the New York Medical Record that there is a serious epidemic of typhoid fever in Watertown, N. Y., where there were, on the 11th ult., one hundred and fifty cases of the disease. "Eleven students of the high school are critically ill, and one death has occurred." The cause of this outbreak is believed to have been the pollution of the water supply, "which is pumped from Black River at a point just below where two cemeteries drain into it," and that other epidemics in Watertown "during the past two years" are supposed to have been caused by the contamination of the water.

After this year the Yale Medical School will adopt the four years' course.

CHLOROFORMISATION BY SMALL DOSES.

It is a curious revelation of the uncertainty which exists in the minds of the profession with regard to chloroform that we find such conflicting plans suggested to ensure safety; one the one hand we are told it is almost impossible to kill, while on the other it is averred that to use chloroform at all is little short of committing manslaughter, while the surgeon who desires it is accused of "inciting to kill." Happily such fantastic extremes are seldom found in this country, but when we come to questions of how to give the anæsthetic views as diverse are found to obtain. Simpson's oft-repeated formula, "The chloroform vapour must always be exhibited as rapidly and in as full strength as possible," and Syme's even more trenchant rule, "Do not stint the quantity of the chloroform," and the more recently expressed views of the Hyderabad Commission seek salvation in large doses freely given, while others tell us that the only safe way of using the drug is a guttatim method. Mr. Martin Coates has stated that he employed chloroform in doses of a few minims at a time, using Snow's inhaler, and believed his results, twenty-four years of active surgical practice without a death, were due to his method. Since then many have adopted minimal doses of chloroform and have been immensely impressed by their success. Messrs. Krohne and Sesemann's apparatus appears to offer the best method of obtaining a free dilution of chloroform vapour and of reducing to minims the actual quantities used. It would be obviously impossible for us to pronounce that the one safe road to chloroform anæsthesia is through the gate of minimal doses. The remarkable statistics of Simpson, of Syme, of Lister, and of Lawrie, show what can be done with unmeasured, unstinted dosage, while Snow's, Clover's, and Junker's instruments show how much safety can be ensured by methods which definitely mix the narcotic with air and permit the inhalation of a low percentage vapour.

TRANSMISSION OF CONSUMPTION.

Tuberculosis can be, and is, transmitted through many and various sources. We recently read the reports of three young men whose family history was good, and who were themselves physically sound, who became infected with tuberculosis by using, as members of a brass band, a second-hand horn hired from a dealer. The possibility of tubercle bacilli being deposited in the convolutions of a horn, to the danger of subsequent players, cannot be denied. The three users of the horn in question were the only members of the band who did use it. Two of them are now under treatment for tuberculosis. To make the chain of evidence complete it is only necessary to take the horn to pieces and find tubercle bacilli in the dried spittle in the convolutions and joints. People should be very careful in handling second-hand utensils of any and every description.

OPIUM IN THE TREATMENT OF DIARRHŒA OF INFANTS.

On the above subject Dr. Crandall says: In diarrhœa much opposition to opium has arisen during recent years, due chiefly to misapprehension as to its proper applications. While its improper use may do much harm, it is an agent of the greatest value and should not be abandoned. It is contra-indicated: 1, in the first stages of acute diarrhœa before the intestinal canal has been freed from decomposing matter; 2, when the passages are infreqent and of bad odor; 3, when there is a high temperature or cerebral symptoms are present; 4, when its use is followed by elevation of temperature or the passages become more offensive. It is indicated—1, when the passages are frequent, with pain; 2, when the passages are large and watery; 3, in dysenteric diarrhœa, together with castor oil or a saline; 4, in late stages, with small frequent nagging passages; 5, when the passages consist largely of undigested food, and the bowels act as soon as food is taken into the stomach.

The dose should be as small as possible, sufficient being given to relieve pain and check peristalsis. It should not be added to the ordinary diarrhœa mixture, to be repeated at short intervals. It should be given alone and at intervals sufficient to allow the effect of one dose to subside before another is given. This interval will rarely ever be less than four hours.

MEDICAL PROGRESS.

There is a decided difference in the manner of detecting poison to-day from that of one hundred years ago. We read of a case of Mrs. Mary Reed, who was tried at Gloucester for poisoning her husband. It was supposed that arsenic or some other poison had been administered in the beef tea, and to decide this a portion of the victim's stomach was given to a dog to eat, and its symptoms compared with those of the dead man. After death the dog's stomach and that of the deceased were compared, and there was a striking similarity, from which it was deduced that the man and dog had died of the same poison. The question was, what poison? and to settle this a second dog had to be taken in hand. Arsenic was administered to it, its symptoms noted, and the dead animal's stomach, after an examination, showed a similarity to those of the first dog and the dead man. Modern science has happily enabled us to settle matters a little more safely, and the modern poisoner has but small opportunity to escape detection.

Mothers and those who have the care of children and infants, should not visit the sick. They are liable to bring back the morbid germs of disease which are easily disseminated among children, giving rise often to serious epidemics.

DEATH FOLLOWING THE INJECTION OF ANTITOXIN.

A young lady of Brooklyn, who was treated for diphtheria with antitoxine, died recently, and Dr. John M. Clayland, the coroner's physician, who made a *post mortem* examination, reported as follows:

"Puncture on the left side of the abdomen, not penetrating the cavity; brain congested, lungs normal, blood fluid, left heart empty, right heart containing a small amount of fluid blood, liver and kidneys congested, especially the latter. No œdema. Larynx normal. The fauces contained diphtheritic false membrane. Cause of death, convulsion, due to the injection of diphtheria antitoxin."

On the other hand, Dr. Wilson, the Chief Bacteriologist to the Brooklyn Board of Health has presented an official report in which he says:

"Speculative theories may be advanced as to the cause of death in this case, the true cause not having yet been determined; but my experiments, conforming as nearly as possible to the actual condition, demonstrate that it was not inherent in the antitoxin."

Dr. Wm. H. Park, of the Bacteriological Department of the New York Board of Health, has also reported to the following effect:

"My experience led me to express the opinion that the unfortunate results which followed its administration in this specified case cannot be attributed in any way to the antitoxin which was employed."

It is to be hoped that the fullest possible details of this case will be published.

PREGNANCY AT THE AGE OF FIFTY-NINE.

As we near the close of this century we observe many strange and startling events, such as earthquakes, cyclones, strange heavenly movements, late summer and many other things entirely unnatural to this country. Woman, ever ready to move along with the progressive world, gives birth to a boy, full term, at the age of 59. A woman with snowy hair nursing a fine boy. Think of it.

In the Gazette de Gynecologie, Dr. Depasse reports the case of an aged-looking lady with white hair, supposed to be suffering from a large uterine fibroid, whom careful examination proved to be pregnant. She was delivered of a boy at the full term, and was able to nurse him; she weaned her son on her sixtieth birthday. She had a married daughter aged forty. The age was verified by a certificate of birth. Such late pregnancies are extremely rare.

THERE is said to be a deaf and dumb doctor in the State of New York who has built up a large practice. This can only be accounted for in the fact that he kept his mouth shut.

SMALL-POX is causing some consternation in Lexington, Kentucky.

PUERPERAL FEVER.

Dr. Ball thinks that the connecting link existing between erysipelas and puerperal fever seems capable of clinical proof. The risk of the accoucheur making post-mortem examinations, attending surgical cases and lying-in patients at the same time, has long been pointed out, but in the country it is next to impossible for a practitioner to confine himself to any one particular branch. If the country physician expects to see cases of erysipelas, dress sloughing wounds, and upon the same day, and perhaps upon the same trip, visit the lying-in chamber, the greatest precaution and the most active disinfectant measures should be used. The cessation of epidemics of this disorder and the greatly lessened mortality in our lying-in hospitals both are strong proofs in favor of careful disinfection; but after all measures have been adopted, we find that in some mysterious way, after we have disinfected ourselves thoroughly, after the most approved plans, still we may become the carriers of this contagion and the indirect cause of the death of our patient. While it is true that careful disinfection has lessened the number of cases of septicæmia after parturition, it is not less true that all cases do not arise from poisoning from without, and that it is sometimes, if not frequently, autogenetic. Hippocrates held that this disease was always due to resorption of decomposing material from the retained placenta, but the truth, as usual, is between the two.

CALMNESS IN EMERGENCY.

Considering all the qualities relative to a physician's successful career there are none more important, and none more necessary, than self-control in emergencies. Who can imagine a more beautiful picture than that of a physician appearing in a crowd of great excitement and accidents displaying a calm, cool head, and a steady determined hand.

Dr. Weir Mitchell, lecturing to a school of nurses lately upon the necessity of self-control in emergencies, told the following incident: "One of his patients, while in a low, nervous condition, swallowed, by mistake, a dose from the wrong bottle. She shrieked out that she was poisoned. One of the nurses screamed 'Aconite!' and began to cry hysterically. The other nurse, seeing that the patient was going into convulsions from terror, when relief would be impossible, said, coolly, 'Don't be frightened. Look here,' taking a mouthful of the dose herself. She then went outside to rid her mouth of it, procured an emetic, and sent for a doctor and a stomach-pump. Her calmness saved the life of the patient."

It seems that antitoxine is coming to stay. A new laboratory, to cost $5,000, is being fitted up at the Willard Park Hospital, by the New York City Board of Health, for the production of antitoxine.

FOUR YEARS' COURSE.

Much has been written and said about the so-called Four Years' Requirements for graduates. Some Colleges have raised their standard to absolute four years, others three years, etc., etc. Common sense and reasoning should enter into every question of importance. There are some men who ought to attend a medical college four years, or even six, before being allowed to practice; I mean by this class those who have never taken a collegiate course; those whose classical education and advantages have been neglected. There are others who only need three years at a medical college, those who have graduated at some reputable college. It seems an injustice to require the same from an educated man as from an uneducated one. Is not the educated man much more ably prepared to cope with the science of medicine than the uneducated. Can he not more readily master its technicalities, and overcome its difficulties. Then why not show a little discrimination for classical advantages.

DRINKING AND APOPLEXY.

It is an established fact that all wines and liquors send an increased amount of blood to the brain. The first effect noticed after taking a glass of wine is to send the blood faster than usual, hence the reason for the red face. The brain's activity is increased and it works faster, and so does the tongue. But as the blood goes faster to the brain it also returns faster, and no immediate harm results. But this is not the case where there is constant drinking. The blood is sent to the brain in such large quantities so fast that the arteries must charge themselves to make room for it. They increase in size and in so doing press against the more flaccid veins, which carry the blood out of the brain, and diminish the size of the pores, the result being that the blood is not only carried to the arteries of the brain faster than is natural or healthful, but is prevented from leaving it as fast as usual. Hence a double set of causes of death are in operation. Hence a man may drink enough brandy or other spirits in a few hours or even minutes, to bring on a fatal attack of apoplexy. This is being literally dead drunk.

It is reported by two successful physicians of Russia, after a series of experiments upon parturient women, that ipecacuanha is a valuable stimulant to the contractions of a sluggish uterus during labor. It was administered in three successive doses of 10 drops each of the wine at intervals of 10 minutes. In from 20 to 30 minutes the contractions became of normal strength and duration.

The heaviest bicycle rider weighs 378 pounds, and his name is Dr. Meldon, of Dublin, Ireland. He also plays tennis well.

WHAT IS THE CAUSE OF PUERPERAL FEVER.

Dr. John F. Winter thinks there is abundant evidence to show that there are two forms of puerperal fever, both due to the introduction of pathogenic micro-organisms from without. These micro-organisms may be varieties either of septic bacteria or the common bacteria of putrefaction.

The manner of infection differs in the two cases. The septic bacteria, finding an entrance through some wounded surface in the genital tract, make their way into the blood and tissue of the patient, and, multiplying there, become the active cause of a disease. The common bacteria of putrefaction also enter the genital tract from without, but their influence is exerted, not by becoming absorbed and distributed in the blood and tissue, but by setting up the process of putrefaction in any material that happens to be retaiued in the uterus or vagina. When this occurs certain poisonous products are given off, which, if absorbed into the system, are capable of giving rise to puerperal fever.

The difference, he says, is that in the former there is a living, self-multiplying poison in the system, which once introduced must run its course, there being no antidote as yet known to us except such as would at the same time destroy the life of the patient; while in the latter the poison, though capable, if left to itself, of producing deadly results, is, if the source of the poison be removed and its absorption arrested, quickly eliminated from the system, with entire relief of all dangerous symptoms.

WORTHY DISTINCTION.

Sir Joseph Lister was recently presented with the Albert Medal of the Society of Arts by the Prince of Wales, as President of the Council of the Society. The medal was awarded to Sir Joseph Lister in recognition of "the discovery and establishment of the antiseptic method of treating wounds and injuries, by which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have also been created for the supply of materials required for carrying the treatment into effect."

YELLOW FEVER IN CUBA.

It is reported that yellow fever is quite prevalent on the Island, especially about Santiago. Every possible precaution and arrangement have been perfected all along the seaboard for the rigid enforcement of the quarantine regulations. Let us hope that this pestilence may be kept out of the United States this spring and summer.

BOOK REVIEWS.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Genito-Urinary Surgery, Gynæcology, Obstetrics, Opthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, France, Great Britain, and Canada. Edited by JUDSON DOLAND, M. D., (University of Pennsylvania). Philadelphia, Instructor of Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; J. MITCHELL BRUCE, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital; DAVID W. FINLAY, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen. Vol. I. Fifth Series. 1895. Philadelphia: J. B. Lippincott Company. Cloth. Pp. 359. $2.75.

This work, the fifth volume of the series of "International Clinics," published by the J. B. Lippincott Company, contains forty-six lectures delivered by eminent medical men in various portions of the world. The papers which strike our eye as being most worthy of notice are those upon "The Antipyretic Treat of Enteric Fever," by Finlay; "Alcoholic Peripheral Neuritis," by W. Hale White; "The Treatment of Lateral Curvature of the Spine," by Edward H. Bradford; "Puerperal Sepsis," by E. E. Montgomery; and "Thyroid Gland in the Treatment of Certain Skin Affections," by Arthur T. Davies.

These clinics fill a place that is not attempted by any other publication; they are very valuable and practitioners can't afford to do without them. This volume maintains its high pre-eminence as a periodical of great use to the practitioner. These clinics contain the best lectures of the best clinicians of this and foreign countries. We mention the excellent clinic of Prof. Doiel R. Bromer, of Chicago, which considers cerebral meningitis, concussion of the brain, sciatica, and two cases of chorea. Illustrations are good, and used when necessary. The Lippincott Co,, as usual, have done their part neatly and well.

HYPNOTISM: How it is Done; Its Uses and Dangers. By JAMES R. COCKE, M. D. Boston: Arena Publishing Co., 1895. Pp. 4-5 to 373.

Hypnotism is at the present time exciting widespread interest from scientific men, professional men, and laymen as well. Hypnotism is freely discussed by only the few. It is marvelled at by the many. Around it the charlatan throws the sombre robe of mystery. The novelist finds in it a rich field of romantic opportunity.

The latest contribution to the literature of hypnotism is from the pen of Dr. Cocke, of Boston. It is a very entertaining book for the general reader, and, as it was evidently intended for popular consumption, it fulfills its mission. It embraces the whole field of the ordinary phenomena of hypnotism, and is valuable as a compendium of current opinion on the subject; and its bibliography is invaluable. It contains about 350 pages, is well printed and nicely bound.

A Hand-Book on Tuberculosis Among Cattle. With Considerations of the Relation of the Disease to the Health and Life of the Human Family, and of the Facts Concerning the Use of Tuberculin as a Diagnostic Test. Compiled by Henry L. Shumway. One volume. 16mo. Cloth. Six Illustrations. Price, $1.00. Roberts Brothers, Publishers, Boston, Mass.

This is a timely and an important book. The discovery of a sure diagnostic of Tuberculosis among Cattle, and recent revelation of the extent of the prevalence of the disease, and of its communicability between man and animals, has awakened an interest that is sure to be widely extended. State and local sanitary authorities are seriously considering, and in some cases are adopting radical measures for the control of the disease in the human family, and cattle commissions and boards of agriculture are even more advanced in their crusade against the disease among animals.

Public knowledge of the details of the disease, and of the theories upon which present action rests, is imperfect and largely misleading. The writer of this book, who has had exceptional opportunities to study the disease among cattle, and to secure and compile a large amount of expert evidence and opinion, has presented the matter with greater fulness and detail, in all its phases, than has heretofore been attempted. He has written in simple language for the common reader, and the book will prove most valuable to all who are connected with cattle or cattle products, as well as to the general public—the consumers—whose interests are also fully considered.

He treats of the prevalence of the disease in man and in the lower animals; its identity in both; its symptoms and appearances; post mortem revelations; the germ of the disease; predisposing causes; the nature, application, and value of the tuberculin test; objections to the test; the transmission of the disease; the peril to human life in the use of diseased meats and dairy products, and the measures of relief and suppression that are recommended by those experts who have most thorough knowledge of the situation.

The manuscript has been read and approved by some of the wisest and most expert students of the disease, and is commended as a full, candid, and comprehensive presentation of a most important matter.

Sold by all Booksellers. Mailed postpaid on receipt of price by the publishers.

Lectures on the History of Ancient Philosohhy. By William Archer Butler, M. A. Edited from the Author's Mss,, with Notes by William Hepworth Thompson, M. A., in two Volumes. New York: Robert Carter & Brothers, 530 Broadway.

These two volumes contain lectures delivered to students of Trinity College, Dublin, from the newly instituted Chair of Moral Philosophy, of which Mr. W. Archer Butler was the first occupant. These two volumes are deep and comprehensible, and are valuable books to any library.

URINALYSIS INCLUDING BLANKS for Recording the Analysis and Microscopic Examination of the Urine. For Medical Practitioners, Life Insurance Examiners, and Specialists. Arranged by JOSEPH C. GUERNSEY, A. M., M. D. Philadelphia: J. B. Lippincott Company. 1895.

This is the only book of this character that we have seen. It is something new and very useful. Urinalysis, because of its importance as a factor in diagnosis and prognosis is indispensable to physicians. This book contains blanks for five hundred examinations, and a full set of thumb-index pages, so as to easily refer to cases examined. The first twenty pages of the text describes all the chemical tests referred to in the blanks. This book is not only valuable to the general practitioner, but to the specialist as well. One good advantage of this book is that the physician can keep a continuous record, always at hand, of all cases under his charge which require urinary examinations. It is the best arranged record for urinalyses that we have seen. The simplicity of the manner in keeping the records is a very great commendation.

THE DISEASES OF PERSONALITY. By TH. RIBOT. Chicago: The Open Court Publishing Co.

The first edition of Ribot's Diseases of Personality was exhausted in three years. The popularity of Professor Ribot's works is certainly deserved, as they form dellghtful introductions to the study of psychology and are remarkable specimens of economy and lucidity of exposition. No other author displays such originality in placing under lucid points of view the disordered mass of data gathered by the psychological specialists. The present translation has been revised throughout and embodies all the corrections and additions of the new fourth French edition. The bibliographical references have been verified and an analytical index made, which will much enhance the usefulness of the book. Pp. 164, cloth 75 cents, paper 25 cents.

AUTOBIOGRAPHY OF WILLIAM G. SCHAUFFLER, For Forty-nine Years a Missionary in the Orient. Edited by his sons, with an Introduction by Professor E. A. PARK, D. D., LL.D. New York: Anson D. F. Randolph & Co., 38 West Twenty-third Street.

The first thirty pages of this book is taken up with an introduction by Prof. Edward A. Park, D. D., LL.D., in which he relates the principal characteristics of Dr. Schauffler. He was a strong, able and comprehensive man. He was a self-made man. It will be conceded by every thoughtful person that the youth of this generation need stimulus of contact with the lives of those strong, self-made men who, in so many walks of life, adorned the earlier years of this century, when to personal independence of thought and action, and to mature scholarship, are added childlike trust in God, and whole-soul consecration to his service, the example grows still more worthy of imitation. This is an interesting and entertaining book.

A Natural Method of Physical Training. Making Muscle and Reducing Flesh without Dieting or Apparatus. By Edwin Checkley. Brooklyn, N. Y.: William C. Bryant & Co. 1894.

The system set forth in this book shows that the only direct method of keeping the body vigorous is by correcting artificial restraint, carrying the body correctly, breathing correctly, and otherwise following a logical system of giving the muscles and organs free and natural play, and an opportunity to develop symmetry and strength. This is a very important subject, and one that within recent years has grown in popularity. The work is illustrated very fully.

Reprints.

Chloroform in Labor. By Edwin Ricketts, M. D., of Cincinnati, Ohio. Reprinted from the Virginia Medical Monthly, February, 1895.

Aseptic Prophylaxis of Asiatic Cholera; Arsenization. By Reginald Barkley Leach, M. D., Member American Public Health Ass'n, etc., etc.

Early Diagnosis of Cancer of the Uterus. A Paper read before the Cincinatti Obstetrical Society, June 14, 1894. By Edwin Ricketts, M. D., Cincinnati.

A Study of Thirty nine Cases of Strangulated Hernia. By William Burton DeGarmo, M. D., of New York, Professor of Special Surgery, New York Post-Graduate Medical School and Hospital. Reprinted from Annals of Surgery, April, 1895.

The Value of the Modern Methods of Diseases of the Stomach. By Morris Manges, A. M., M. D., Assistant Visiting Physician at Mount Sinai Hospital; Lecturer on General Medicine at the New York Polyclinic. Reprinted from the Medical Record, February 2, 1895.

The Early Diagnosis of Cancer of the Stomach. By Morris Manges, A. M., M. D., New York, Assistant Visiting Physician to Mount Sinai Hospital, and Lecturer on General Medicine at the New York Polyclinic. Reprinted from the Medical Record, April 27, 1895.

Notes on a Hitherto Undescribed Skin Disease, Endemic in Central America, called by the Natives "Bulpiss." By Otto Lerch, Ph.D., M. D., former State Geologist of Louisiana, etc. Reprinted from the May, 1895, number of the New Orleans Medical and Surgical Journal.

"He dies and makes no sign." An Address to Students. By Theophilus Parvin, M. D. Delivered at the request of the Y. M. C. A., in West Spruce Street Presbyterian Church, Sunday evening, February 17, 1895. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

The Asiatic Cholera, its History, Description, Cause and Prevention, with a full Resume of the Latest Researches of Koch. A Lecture deliv-

ered January 5, 1885, before the Assembly of the Society. By Hugo Engel, A. M., M. E., Professor at the Medico-Chirurgical College of Philadelphia.

The Conduct of the Medical Student, an Address to the Class at the Beginning of the Course of Lectures upon Obstetrics, Diseases of Women and of Children, Jefferson Medical College, October 4, 1894. By Theophilus Parvin, M. D. Published by Request of the Students. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1894.

A Stenosing Carcinoma of the Transverse Colon. Excision. Murphy-Button Anostomosis (End to End). By Morris Manges, M. D., Assistant Visiting Physician to Mount Sinai Hospital, and Howard Lilienthal, M. D., Assistant Visiting Surgeon to Mount Sinai Hospital. Reprinted from the New York Medical Journal for September 1, 1894.

The Pre-tuberculer and Pre-bacillary Stages of Consumption. A Consideration of the Early Diagnostic Signs of Pulmonary Tuberculosis —A Plea for the Recognition of Premonitory Symptoms. By Charles Manly, A. M., M. D. Read before the Colorado State Medical Society, and before the Alumni Association of the Denver Medical College. 1894.

The Technique of Obtaining Stomach Contents for Examination, with Description of a New Stomach Tube. Clinical Lecture delivered at the N. Y. Polyclinic. By Morris Manges, A. M., M. D., Assistant Visiting Physician to Mount Sinai Hospital; Lecturer on General Medicine in the New York Polyclinic. Reprinted from The New York Polyclinic, August, 1894.

The Technique and Indications of Vagino-Fixation, (Mackenrodt's Operation). By Hiram N. Vineberg, M. D., Instructor in Gynæcology in the New York Post-Graduate Medical School and Hospital; Attending Gynæcologist to Mount Sinai Hospital Dispensary and to the Montefiore Home for Chronic Invalids. Reprinted from the New York Medical Journal for October 27, 1894.

Tubal Mole Pregnancy, with some Remarks on the Differential Diagnosis of Ectopic Gestation. By Hiram N. Vineberg, M. D., Instructor in Gynæcology in the New York Post-Graduate Medical School and Hospital; Attending Gynæcologist to Mount Sinai Hospital Dispensary and to the Montefiore Home for Chronic Invalids. Reprinted from the New York Medical Journal for March 23, 1895.

Two Cases of Pseudo-Hypertrophic Paralysis in Brothers. Clinical Lecture delivered at the Chicago Policlinic. By Archibald Church, M. D., Professor of Neurology, Chicago Policlinic; Professor of Mental Diseases, Chicago Medical College; Neurologist to St. Luke's and Cook County Hospitals and the Home for Destitute Crippled Children. Reprinted from International Clinics, Vol. I., Fifth Series.

Serum Therapy in Pulmonary Tuberculosis, with an Explanation of Secondary Symptoms following the Administration of Antitoxin. By Charles Wilson Ingraham. M. D., Binghampton, N. Y. Reprinted from the Journal of the American Medical Association, May 4, 1895.

Notes on Three Interesting Cases presented before the New York Obstetrical Society, February 5th, 1895. By Hiram N. Vineberg, M. D., Instructor in Gynecology in the New York Post-Graduate Medical School and Hospital; Attending Gynecologist to Mount Sinai Hospital Dispensary, and to the Montefiore Home for Chronic Invalids. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children.

Vaginal Cœliotomy with Remarks on the new field it opens up for the Treatment of Backward Displacements of the Uterus with Diseased Adnexa by Vagino Fixation. By Hiram N. Vineberg, M. D., Instructor in Gynecology in the New York Post-Graduate Medical School and Hospital; Attending Gynecologist to Mount Sinai Hospital Dispensary, and to the Montefiore Home for Chronic Invalids. Reprinted from the Medical Record, March 2d, 1895.

The President's Address before the Southern Surgical and Gynecological Hssociation at its Seventh Annual Meeting, at Charleston, S. C., November, 1894. By Cornelius Kollock, A. M., M. D., Cheraw, S. C., Ex-President of the South Carolina Medical Association; Fellow of the American Gynecological Society; Fellow of the American Academy of Medicine; President of the Pee Dee Medical Association; Fellow of the Southern Surgical and Gynecological Association. Reprint from Transactions, 1894.

The Surgical Treatment of Inguinal Hernia. By Henry O. Marcy, A. M., M. D., LL.D., of Boston, U. S. A., Surgeon to the Cambridge Hospital for Women; late President of the American Medical Association; President of the Section of Gynecology, Ninth International Medical Congress; late President of the American Academy of Medicine; Member of the British Medical Association; Member of the Massachusetts Medical Society; Member of the Boston Gynecological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; late Surgeon, U. S. A., etc. Reprinted from the Transactions of the New York State Medical Association., Vol, 11, 1894.

Literary Notes.

The twelfth volume of the "Transactions of the Royal Academy of Medicine in Ireland" (Session 1893–84), edited by Mr. William Thomson, the General Secretary of the Academy, is a record of work of which any scientific socicty in the world might well be proud. The Academy is an admirably oaganized body, composed of six sections: Medicine, Surgery,

Obstetrics, Pathology, Anatomy, and Physiology and State Medicine, each with its own president, secretary, and council. The affairs of the Academy are managed by a Council consisting of the President, the ex-Presidents, the six Presidents of Sections, the General Secretary, and Treasurer, the Secretary for Foreign Correspondence, the six Secretaries of Sections and eight Councillors, being two representatives from the medical, surgical, obstetrical, and pathological sectional councils respectively. The Academy consists of Fellows who pay an annual subscription of two guineas; of Members who pay one guinea; and of Student Associates who pay five shillings. The members have practically the same privileges as the Fellows, except that they do not receive the "Transactions" free; they can, however, purchase them at cost price. The report printed in the volume before me shows that in the session 1892–93 the Academy numbered 242 Fellows, thirty-six Members, and twelve Student Associates.

Lippincott's Magazine for June, 1895.—The complete novel in the June issue of Lippincott's is "The Battle of Salamanca," a stirring tale of the Napoleonic wars, from the Spanish of Benito Perez Galdos, an author of high repute in his own country, but hitherto too little known in America. It is followed by a brief account of "Galdos and his Novels," by the translator, Rollo Ogden.

William Thomson, a pioneer of the days when the California trail was new, relates a wild Western adventure of long ago, "Beset in Aravaipa Canon." The other stories of the number are, "As a day in June," by May D. Hatch, and "Interwoyen Strains," by J. Percival Pollard.

Under the title, "William Shakspeare; his Mark" William Cecil Elam shows how largely the speech of illiterate Virginians is that of the corresponding class in England near three centuries ago, as preserved by the great dramatist.

In "The Tyranny of the Pictorial," Sidney Fairfield exposes one of the most prominent fads of the day. He complains that pictures, especially of women, occupy too large the place of reading matter; and all who are familiar with our illustrated papers and magazines—as who is not?—must admit that he hits the mark.

John Gilmer Speed writes with full knowledge on a topic of great practical importance, "Improving the Common Roads." W. D. McCrackan furnishes a sharp essay on "The Referendum and the Senate," and Dr. Charles C. Abbott an interesting study of Thoreau.

The poetry of the number is by Ella Gilbert Ives and Madison Cawein.

A Light Through the Storm. By Charles A. Keeler. Sanfrancisco: William Doxey. 1894. This little book contains 159 pages of most beautiful poetry. It is nicely illustrated.

MEDICINE.—This is the title of a new medical monthly magazine that has made its appearance upon our exchange table, and which we most heartily welcome. It is the result of the enterprise of Mr. Geo. S. Davis, the well known medical publisher, ably seconded editorially by Doctor Harold N. Moyer, of Chicago, and a staff of expert collaborators and contributors, representing the foremost and best medical talent of the Northwest. *Medicine*, moreover, is representative of no college, clique, publishing house, or manufacturing concern, but is merely a high-class cosmopolitan medical publication. Such names as Moyer, W. L. Baum, D. A. K. Steele, Hobart A. Hare, G. F. Lydston, W. S. Christopher, S. S. Bishop, N. S. Davis, Jr., J. B. Herrick, G. H. Weaver, H. T. Patrick, M. D. Ewell, Henry Gradle and Norman Bridge associated therewith give abundant assurance of charaetcr for the future. The April number presents original articles on "Herpes Zoster Gangrenosus," "Sarcoma of the Kidney in Children," "Cardiac Sedatives," "Prostatic Tuberculosis," "Medical Septicæmia," and "Effects of La Grippe on the Nose, Throat, and Ear." A notable innovation, one we heartily commend, is the absence of "editorials," since it is to be presumed the editor will give expression to his opinions in direct personal contributions.

A journal of such complete independence and high literary standing as *Medicine* has long been needed.

The Open Court Publishing Company, of Chicago, have just issued a second edition of their authorised translation of Th. Ribot's *Diseases of Personality*, the first having been exhausted in three years. The popularity of Professor Ribot's works is certainly deserved, as they form delightful introductions to the study of psychology and are remarkable specimens of economy and lucidity of exposition. No other author displays such originality in placing under lucid points of view the disordered mass of data gathered by the psychological specialists. The present translation has been revised throughout, and embodies all the corrections and additions of the new fourth French edition. The bibliographical references have been verified and an analytical index made, which will much enhance the usefulness of the book. (Pp. 164, cloth, 75 cents, paper, 25 cents.)

Wheelbarrow: Articles and Discussions on the Labor Question. Chicago: The Open Court Publishing Co. 1895. The articles of this book were written by a man who worked for years and years, his early childhood not excluded, as an unskilled laborer. With pickaxe, shovel and wheelbarrow he helped to lay the first foundations of several railroad in this country. The present volume contains the matured fruit of his manhood, his inmost self, his soul of soul. This book will do a great missionary work and contribute towards a peaceful solution of the labor problem.

John Lyly and His "Euphues." by H. Lacey, *From Littell's Living Age, No. 2651.*—The Author of "The Anatomie of Wit," it would seem was born in the weald of Kent, about the year 1553 or 1554, and entered Magdalen College, Oxford, in 1569, but did not matriculate until two years afterwards, when he was entered in the books as *plebius filius*. Wood (Ath. Oxon.) tells us that "he was always averse to the crabbed studies of logic and philosophy. For so it was that his genius being bent to the pleasant paths of poetry (its pitfalls had given him a wreath of his own, bays without snatching or struggling), did in a manner neglect academical studies, yet not so much but that he took degrees in arts, that of master being completed in 1575; at which time he was esteemed at the university a noted wit, and afterwards was in the court of Queen Elizabeth, where he was also reputed a rare poet, witty, comical, and facetious." He took the degree of B. A. in April, 1573, and that of M. A. two years afterwards. But for some reason unknown he afterwards left Oxford and removed to Cambridge, whence he went to court.

The June Atlantic contains installments of the two leading serials by Mrs. Ward and Gilbert Parker, also a short story of frontier garrison life, by Ellen Mackubin, entitled Rosita. Another bit of fiction of unusual character and interest is, Through the Windows: Two Glimpses of a Man's Life.

Lafcadio Hearn contributes a delightful paper entitled In the Twilight of the Gods, which, with Mary Stockton Hunter's poem, A Japanese Sword Song, gives this issue a distinct flavor of the Orient. Percival Lowell continues his readable papers upon Mars, discussing in this issue the Water Problem.

Other important features are, Reminiscences of Christina Rossetti, by William Sharp, the completion of A Week on Walden's Ridge, by Bradford Torrey, and Vocal Culture in its Relation to Literary Culture, by Hiram Corson.

Poems, book reviews, and the usual departments complete the issue.

Houghton, Mifflin & Co., Boston.

Annales d'Oculistique. Published monthly. Sixty to eighty pages. $5 per annum. This, the pioneer journal of ophthalmology, after fifty-seven consecutive years of publication in the French language, now appears in English and French simultaneously—the English edition under the editorial charge of Dr. George T. Stevens, 33 West 33d street, New York. All papers appearing in one edition will appear in the other, but more prominence will be given to the productions of English and American writers than heretofore. It is one of the best journals in this department of medicine, and we do not doubt that the new arrangement will add to the prosperity which has attended it for more than half a century

In his department of "The Progress of the World" for May the editor of the Review of Reviews sums up the significant events of the month preceding. Prominent topics thus treated are the income tax decision, the Chicago election and the triumph of civil service reform, the Cuban revolt, the Venezuelan boundary issue, and the British claim in Nicaragua. The editor makes some interesting comments on recent progress in the South, notably illustrated by railroad and other industrial development in Florida, the improvement of various Southern harbors, the enforcement of the South Carolina liquor law, and other encouraging signs. At the same time the low prices of sugar and cotton are discussed in their relation to the prevailing feeling of unrest among the agriculturists of the Gulf States.

Under King Constantine. By Katrina Trask. Second edition. New York: Anson D. F. Randolph & Co. The following tales, which have no legendary warrant, are supposed to belong to the time, lost in obscurity, immediately subsequent to King Arthur's death; when, says Malory, in the closing chapter of La Mart D'Arthure, "Sir Constantine, who was Sir Cadors son of Cornwaile, was chosen King of England, and hee was a full noble knight, and worshipfully he ruled this realme." The little book contains 130 pages, is neatly printed and bound.

Dr. Andrew D. White will open the June Popular Science Monthly with the first of a group of papers under the general title From the Divine Oracles to the Higher Criticism, being the final division of his New Chapters in the Warfare of Science. In the opening paper he will exhibit the character of the old interpretation of Scripture as given by early rabbis, the fathers of the Church, by Erasmus, Luther, Sir Isaac Newton, and others.

The Story of Portus and Songs of the Southland. By Mary H. Leonard. Buffalo: Charles Wells Moulton. 1895. The first 61 pages of this little work is devoted to the Story of Portus. This is a very touching and interesting story. The remaining part of the book is devoted to Songs of the Southland. These songs touch upon the scenes of the late war. Two very pretty ones: the one on Jefferson Davis, and the other on H. W. Grady.

Proceedings of the Kansas State Medical Society. Twenty-eighth Annual Meeting. Held in the city of Atchison. Topeka: Kansas Medical Journal. 1894. These proceedings are well and nicely gotten up, and show progress in our Western City's Society. It is bound and makes a volume of over 300 pages.

Transactions of the Medical Society of Virginia. Twenty-fifth Session, Richmond, Va.

Unknown Switchland. By Victor Tissot. Translated by Mrs. Wilson. New York: Anson D. F. Randolph & Co. This work contains over 350 pages, and is divided into five parts. Part I., From Paris to Chiavenna. Part II., The Engadine. Part III., From the Inn to the Rhone. Part IV., The Valais. Part V., In the Gruyere. Each chapter is interesting.

Transactions of the Sixteenth Annual Meeting of the American Laryngological Association. Held in the City of Washington. D. Appleton & Co., New York. These transactions are in book form, well illustrated, and well chosen literature on this subject.

Quintets, and other verses, is a nice and pleasing little volume, by William Henry Thorne.

The Lady of Shunem, by Josephine E. Butler, is a nice little book issued by Horace Marshall & Son, of London.

My Garden Walk. By William Preston Johnston. This is an excellent little book of poems of nearly 200 pages.

The Generalisation of Intestinal Microbes.

Beco has found that in the majority of cases microbes characteristic of the intestine, including especially the B. coli, are to be found in the spleen or thyroid, or both, immediately before death in many diseases, including some in which the intestines were not diseased. In diarrhœa produced artificially in rabbits, such generalisation was observed only in the less acute cases. He argues that the microbes must have been carried to the spleen and thyroid by the blood, and thinks the B. coli multiplies rapidly in them after death. He contends that much caution must be exercised in deducing from the presence of the B. coli in the internal organs after death in intestinal diseases that their existence there has any pathological significance.

A Remarkable Case of Incontinence of Urine in a Child.

Four months ago I treated a remarkable case of incontinence of urine in a child. It was seven months old, and had urinated from fifteen to twenty times every night since it was born, requiring its wrappers to be changed that often. I gave it one-third of a teaspoonful of Sanmetto four times a day, and before one bottle was used the babe was well, and it still remains so. In the last two years I have used several dozen bottles of Sanmetto in the treatment of various affections of the genito urinary organs, and with the most gratifying results in every case.

North English, Iowa. E. S. Athearn, M. D.

The New Doctors.

The board of medical examiners has at last made its report. Out of 64 applicants examined at the last meeting of the Medical Association in Goldsboro, 51 were accepted and 13 rejected. Dr. Lee Cohen, of Newbern, stood highest, and Dr. C. L. Minor next highest. The delay in publishing the names of the successful applicants prevented this from appearing in the proceedings :

Thomas C. Gibson, Winston ; Goode Cheatham, Henderson ; O. H. Kenan, Kenansville ; J. H. Alston, Townesville ; E. H. Brooks, Monroeton ; Jasper N. Andrews, Albermarle ; T. C. Walker, Randleman ; M. Olivia Nelon, Asheville ; T. V. Goode, Cherryville ; C. L. Minor, Asheville ; F. D. Crim, Hot Springs ; N. A. Thompson, Lumberton ; W. W. Whittingtan, Asheville ; W. P. Blair, Clover, S. C.; N. C. Danniel, Saterwhite ; J. L. Spruill, Columbia : A. J. Eller, Reedy Branch ; L. L. Walker, colored, Durham ; L. J. Frazier, Oxford ; J. C. Hammock, Walkertown ; Lee Cohen, New Berne ; W. L. Hay, McAdensville ; M. D. Bowen, (col.), Clarkton ; E. L. Starney, Morehead City ; Edwin Klebs, Asheville (Berne, Switz.) ; J. H. Fouts, Franklin ; E. E. McCoy, Franklin ; W. H. Crowell, Porrtith ; Roger S. Turlington, Bennettsville, S. C. ; C. V. Reynolds, Asheville ; N. M. Gibbs, Fairfield ; Geo. W. Pressly, Charlotte ; James M. Parratt, Kinston ; F. L. Potts ; Washington ; Earl Grady, Tryon City ; S. M. Crowell, Mint Hill ; Jas. L. Bullock, Greensboro : G. A. Hood, Newton Grove ; T. G. Hamrick, Henrietta ; J. V. Williams, Evalin ; E. R. Russell, Rockingham ; E. M. Brevard, Charlotte ; B. F. Halsey, Roper City ; A. F. Thompson, Wadesville ; W. G. Shaw, Fontcals ; R. P. Morehead, Lasker ; F. L. Siler, Dillsboro ; W. S. Jones, Goldsboro ; F. H. Holmes, Clinton ; J. W. Rodwell, Macon ; J. R. Reitzal, Pineville : E. T. Dickinson, Freemont.

J. E. O'Conner, M. B.. B. Ch., Leicester. England, says : "In a case of urethritis accompanied by cervical cystitis and urethral synovitis the administration of Sanmetto was attended with most satisfactory results. The drug appears to relieve the pain, reduce the irritation and produce healing and cessation of the muco-purulent discharge more speedily and efficaeiously than any other remedy yet offered to the profession, In the case alluded to a marked improvement in the condition of the affected portion of the uriuary tract was speedily followed by disappeorance of the arteritic trouble. The patient had previously been treated with santal oil, salicylate of soda and acetate of potash."

"Robinson's Lime Juiee and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. See advertisement in this issue. See remarks on their Arom. Fluid Pepsin also.

Dr. R. L. Payne,
President-Elect of the N. C. Medical Society.

DR. R. L. PAYNE.

President-Elect of the North Carolina State Medical Society.

Dr. R. L. Payne, of Lexington, N. C., whose portrait we have the pleasure of presenting to our readers herewith, was born March 28th, 1857, and is the oldest child of Dr. R. L. Payne and Winifred I. Payne, of Lexington, N. C. He received his literary education in the schools of his native town, the old Finley High School of Lenoir, N. C., and at the University of North Carolina.

At the University he was distinguished as an orator, was selected by the Dialectic Society to deliver an oration at the first commencement after the re-opening of the University in 1876, and at the same time was Chief Marshall, and won the Chemistry Medal, dividing the honor with Prof. W. B. Phillips, of Alabama, whose grade tallied with Dr. Payne's.

He began the study of medicine in the office of Dr. R. L. Payne, his lamented father, in 1876, and matriculated at the Jefferson Medical College, Philadelphia, session of 1878–'79, but, by reason of ill health, did not return the followlng season, and so did not graduate till March, 1881. During this interim Dr. Payne worked as the assistant of his father, and no doubt his great success as a physician is attributed in a measure to the careful training received during these years by his distinguished father.

He received his license to practice medicine at Asheville in 1881, and at once joined the North Carolina Medical Society, and has always been a faithful worker in her ranks. At Raleigh in 1884 he was elected Treasurer of the Society, and resigned this position at the meeting in Charlotte in 1887. He was elected Orator at Fayetteville in 1888, and in 1890 was elected to the Board of Medical Examiners. At Goldsboro in 1895 he was elected President.

Dr. Payne has contributed many articles to the N. C. Medical Journal, the Medical and Surgical Reporter, the Transactions of the N. C. Medical Society, the Medical News, and other Medical Journals. Some of these articles, especially those setting forth original research on indigenous remedies, were widely reprinted and quoted both in England and America.

Dr. Payne has been especially successful in Gynecology and Surgery, though he is a general practitioner.

He joined the Presbyterian Church in 1876, was elected deacon in 1885, was elected elder in 1891, and still holds this office in the church. He has held the office of County Superintendent of Health for Davidson county since 1886.

Few members of our medical association have manifested the same zeal and devotion to its interest, and none could have been more faithful and punctual in attendance than Dr. Payne. He has shown an unswerving

devotion to the Society's every interest, cheerfully working in every capacity to which he has been assigned. He has, indeed, fairly won the honor bestowed upon him unanimously by an admiring and appreciative constituency, and he will most worthily wear it.

Dr. Payne is a graceful and forceful speaker, and will make us a successful and popular President, of whom we will have occasion to be proud.

Long Continued Fever that Resists Quinine.

The medical profession of the South are especially familiar with the clinical picture of this fever. It has been given a variety of names, and the most of our local medical friends have different uiews as to its etiology and pathology.

My opinion that this form of fever is typhoid in character is based upon the following conclusions derived from personal observation and experience. It is not in the least altered or influenced by the cinchona alkaloids, therefore, it is not, from a therapeutic standpoint, malarial in character. Like typhoid fever it occurs at all seasons of the year, though more prevalent during the summer months. It occurs in groups or districts, often several members of the household being attacked simultaneously or in rapid succession, indicating infection from a common source. That typhoid fever, like most other diseases, does not behave typically in all cases. All writers on the subject admit that we can have typhoid fever without the characterister eruption or diarrhœa. This leaves but one typical symptom, namely the characteristic range of temperature, and we certainly have this in the kind of fever under consideration. That fever for six weeks with typical eruption and chart, adynamic state, stupor, low muttering delirium, diarrhœa, intestinal hemorrhages, perforation of the bowel and fatal peri*onitis are not absolutely necessary to make the diagnosis of typhoid fever. A fever that passes into the second week after proper antiperiodic medication, that is not due to any local cause, and after all elimination and dietary measures have been propcrly attended to, is certainly suggestive af typhoid fever.

Insanity.

Insanity, the most common of all diseases, has for its most common cause heredity. This question of insanity is one of the most important within the range of medical science. There is no disease where the transmission of a pre-disposition of ill health more powerfully or more clearly manifest itself than in insanity. The reasons for this show how distinctly transmissable are mental and physical traits. As one writer says:

"If the child did not inherit the result of all that had gone before, of development on his own part, all social growth would be rendered impossible. The torch of civilizaiion is handed from father to son, and, as

with the idiosyncrasies of mind, so the very body itself exhibits well defined marks of its parentage."

Thus it is undoubtedly that there is a great fundamental law of Nature that the attributes of the parent descend to the child. This seems to be particularly true of the failings, the defects, the infirmities of the parent.

Dr. Robert H. Chase says that there have been opponents to this proposition, particularly as regards the hereditary character of insanity. Doubts have been thrown upon the importance of inheritance, and it has been said that if insanity be so easily transmitted from parent to child, how is it that so many in a family escape? The reply to this argument sweeps it away entirely. First, it is a well-known fact that a new generation may escape entirely, or to large extent, from the mental taint of their progenitors, but who can be certain that the taint is actually absent and not held in abeyance? Second, the study of hereditary transmission of various parental peculiarities shows that heredity is prone to select only certain individuals in a family; take, for example, the peculiarity of the presence of an extra finger or toe. This anomaly may run for many years in a family, selecting only a few individuals, or even one alone in a generation. Third, the more obscure fact in the law of heredity that a tendency may be transmitted from one generation to the third through a second generation, which may show no development in the person transmitting it.

When we become better acquainted with this subject of heredity doubtless we will find that there are well defined principles by which mental taint is transmitted; already we know that heredity in insanity follows, to a great extent, certain definite tendencies. In this manner insanity may be transmitted direct as far as kind goes, so that hypochondriacal child, although frequently the inheritance may be altered in form, as a maniacal parent having a melancholic or epileptic child. Another proneness of inheritance seems to be the transmission of the tendency to take on disease under similar conditions, such as age or childbirth. Thus one family inheritance is a tendency to pass into a state of weakmindedness with melancholy at a certain period of life. Likewise instances are recorded in which mother and daughter have suffered from puerperal insanity.

Tuberculosis in Meat.

Sir Henry E. Roscoe, Honorary Treasurer of the British Institute of Preventive Medicine, writes as follows to the Times: "The admirable leader on the above subject in your impression of this day (April 25th) points to one of the most serious risks to which man is subject—namely, that due to the consumption of meat obtained from animals suffering from tuberculosis. I write to ask you to insert the statement that the British

Institute of Preventive Medicine is now in a position to offer to those requiring it the preparation known as tuberculin, the simple inoculation of which affords a ready and sure means of detecting tuberculosis in animals. The Institute furnishes this material, which is prepared with every possible care, and is a perfectly safe diagnostic, at cost price—namely, 1s. for three doses; and it may be obtatned either at the offices of the Institute, 101, Great Russell Street, W. C., or from Messrs. Allen and Hanburys, Plough Court, E. C., the agents to the Institute."

Nephritis Complicating Typhoid Fever.

Observations of Mygge, who has systematically examined the urine of seventy-two typhoid fever patients, found albumen present in fifty-two. In half of these cases it was due to nephritis, in the other half to pyelitis or to cystitis. He refers particularly to cases in which the renal symptoms may be much more marked than those referable to the gastro intestinal tract, and cites the case of a boy taken suddenly ill with headache, thirst, fever, and pain in the right loin. On admission, fourth day of disease, the urine was scanty, dark-red, cloudy, contained considerable albumen, epithelial cells, numerous white blood-corpuscles; no casts. On the eighth day roseola were found; on the ninth day the spleen was palpable; the urine contained albumen and epithelial cells from the pelvis of the kidney: no casts. The disease thus begun as a pyelitis; it being only on the eighth day that the diagnosis of typhoid fever could be made. The constant absence of casts argued against nephritis. The patient recovered. Careful examinations will prevent the overlooking of pyelitis occurring during the course of typhoid fever, but in cases beginning as pyelitis the diagnosis may be obscured.

The cold-bath treatment in this class of cases is liable to do much harm.

Pineoline in Erysipelas.

My experience with Pineoline proves that it will cure Erysipelas as well as Eczema and Hemorrhoids. A case of Erysipelas of the face in the case of a woman of 55, was cured in one weeks' time. I applied the ointment well over, and beyond the inflamed area and kept the part constantly protected. I cannot say that the result was surprising, for one familiar with the remarkable properties of Pinus Pumilio must be prepared for surprising results. It allayed the itching and burning, prevented the formation of bullæ, and caused prompt resolution. As an antiseptic and anodyne application Pinus Pumilio (Pineoline) is unexcelled.

G. H. Thompson, M. D.,
Prof. Materia Medica Col. of P. and S.

Chemical Dyspepsia; Diagnosis and Treatment.

The different forms of dyspepsia are divided by Main (*Rev. Int. de Med. et de Chir. Prat.*, December 10, 1894,) into three groups: 1, the nervous dyspepsias; 2, the motor dyspepsias; 3, the chemical dyspepsias. Frequently the three forms are fonnd in conjunction; it is not rare to find a patient having both a chemical and a motor dyspepsia concurrently.

The author in this paper studies the chemical form alone, and gives his treatment as follows: In the presence of a dyspepsia due to hyperhydrochloric acidity the treatment should be at first directed to the regulation of the diet and then to therapeutic measures. In this form of dyspepsia one must suppress three foods which tend more than others to the production of secondary fermentations. These are bread, alcoholic drinks (red wine in particular), and all fats and butters. The only bread allowed is a small quantity of crusts and rusks; tender meats finely cut, a little fish, not rich, and very fresh, eggs, soups, vegetables, and cooked fruits are allowable. Milk is seldom retained, therefore it is better not to give it pure. Milk diet, on the contrary, and creams are favorable foods. One is often obliged to give all kinds of vegetables chopped up, to avoid overloading the stomach with particles of cellulose. One may say that hyperhydrochloric acidity with stasis is often the triumph of the vegetarian diet, such as M. Dujardin-Beaumetz has so well established.

The patient should refrain from eating seasoned dishes, high meats, game, shell-fish, crustaceans, and strong cheese, and as well cabbage. With regard to the drink, we have already said that all alcohols. and especially red wine, are to be avoided. One should prescribe white wine much diluted with mineral water, or, if preferred, hot drinks, such as an infusion of chamomile, weak tea, or orange-flower water. The amount of liquid taken at any meal should not exceed eight to ten ounces.

Such is the basis on which the diet of these dyspeptics must be established. The medicines recommended are numerous. Those that seem most efficient are: first, alkalies in small doses; second, hydrochloric acid; third, bitters; fourth, antiseptics.

Given in small doses before the meal, the alkalies increase and quicken the secretion of hydrochloric acid. Thus, a quarter or half an hour before lunch or dinner 4 grains sod. bicarb., or, if preferred, three-quarters of a glass of mineral water containing carbonate of sodium (Vichy-Celestins-Vals) may be taken. The hydrochloric acid appeals directly to the nature of the dyspepsia.

M. Hayem recommends a one per cent. solution of hydrochloric acid in distilled water, a tablespoonfui to be taken two or three times a day in half a glass of sweetened water.

Bitters, although their action is disputed, nevertheless afford ameliorations: nux vomica, quassia, colombo, and also ipecac; Generally they

are given in the form of tinctures, to be taken in water before or after meals.

The gastro-intestinal have as their purpose the prevention of fermentation and the production of organic acids. There are many antiseptics and many methods of administration. The author uses the formula of Dujardin Beaumetz, giving before meals one of the following:

℞ Salol,
Bismuthi salicylas,
Sodii bicarb., of each, ʒiiss. M.
Ft. in cep. no. xxx.

Or,

℞ Salol,
Benzonaphtol,
Sodii bicarbonatis, of each, ʒiiss. M.
Ft. in cap. no. xxx,

It should not be forgotten that an atony of the intestines is generally associated with this form of dyspepsia, so that mild laxatives should be prescribed. Then the general condition of the subject—often neurasthenic—indicates the use of hydrotherapeutic measures, massage, and electricity. In place of the latter the hydro-mineral cure may be considered. People suffering from hyperhydrochloric acidity derive benefit from the double action of the Vichy and Chatel-Guyon. Under their influence the digestion grows better and the gastric secretion becomes sufficient.

The large amount of carbonic acid contained, their temperature, and their composition stimulate the mucous membranes of the stomach, while at the same time the intestines regain their normal function. Persons suffering from this form of indigestion accompanied by intestinal atony should be sent to Chatel-Guyon.

One may say that very often the diagnosis of chemical dyspepsia is easily formed by observation of the functional symptoms. The efficacy of treatment is, however, the best criterion of the exactitude of the diagnosis. But sometimes an error is made, and it becomes necessary to drink large quantities of water, which is always disagreeable to the patient, but in difficult cases is sometimes necessary.—*Therapeutic Gazette.*

Boiled Water.

It is generally believed that the most impure water can be rendered pure by boiling, and that in this we have an absolute safeguard against the dangers of water containing disease-germs. Now, while it is true that boiling will kill the germs of disease, yet the fact has been brought to our notice, by so high an authority as Dr. Charles M. Cresson, that, while boiling kills the germs of a particular disease, it yet, in reality, renders the water more impure than it was before, because, by the very death of these germs, dead organic matter is allowed to remain in the water which

it pollutes by putrefaction. Hence, while boiling is a most excellent precaution against the occurrence of typhoid fever or similar diseases when we have occasion to think that the germs of these diseases exist in the water that we drink, yet we must remember that this boiling does not purefy the water; it simply removes from it the specific power to produce a specific disease.

Tannigen in Enteritis.

Tannin, though a very valuable and powerful drug, has, when given in large doses, so serious an efiect on the stomach, producing nausea and vomiting, and, indeed, almost cauterising the mucous membrane, that its use is necessarily much restricted. Professor Meyer, of Marburg, however, recently discovered a combination of tannin with acetic acid which passes through the stomach unchanged, and, therefore, without doing any injury, but on entering the alkaline intestinal tract it breaks up, tannin and acetate of potash being formed. That this has a very powerful effect on the intestine was shown by experiments on animals, and subsequently by clinical observations in Professor Muller's policlinic in Marburg, of which a short account is given in an article by Dr. C. Kunkler. There were forty-one patients, mostly children, who nearly all suffered from chronic enteritis. Many of them had been already treated with but little success by means of naphthalin and bismuth, but they were all, as far as could be ascertained under the conditions of out-patient practice, very greatly benefitted, most of them, indeed, really cured, by tannigen. Dr. Kunkler recommends that at the commencement of an attack of enteritis a powerful disinfectant, as naphthalin or calomel, should be given in combination with the tannigen, and that the latter can subsequently be continued for some little time after the catarrhal symptoms have passed off in order to allay the irritability of the intestinal canal and to guard against a possible return of the attack. Tannigen, which is a yellow, tasteless, insoluble powder, must not be given in milk but in boiled water or oatmeal grouts (Hafergrutze). It has been shown to be quite harmless in doses of forty-five to fifty grains, but generally three to seven and a half grains per diem are sufficient. The children in the policlinic were ordered a grain and a half to three grains three times a day, infants a few weeks old taking the smaller dose; older children and adults were sometimes given the larger dose, and occasionally as much as seven and a half grains."

Phytoline.

The bottle of Phytoline I received from you a short time ago reduced a gentleman's weight from 218 to 215 pounds, also has in his case overcome muscular pain of a rheumatic character.

Jacobus, Pa. J. F. Snyder, M. D.

Rational Therapeutics of Cholera Infantum.

By Gustavus Blech, M. D., St. Louis.

No strict rules can be given for the treatment of disease. It is for this reason that so many physicians say we do not treat a disease, but we treat an individual. True enough, we treat the individual, but what we have most of all to consider is the disease. The individual will dictate us alterations and modifications in our treatment.

A general plan of treatment may be outlined, however, and I will try to do so in regard to one of the most fatal diseases of babyhood—cholera infantum. There is a certain philosophy in therapeutics which I would frame in the three following rules: First, remove if possible the disturbing causes; second, treat symptoms which *per se* are liable to endanger the life of the patient; and third, sustain vitality.

As said before, the therapeutics, which is based upon the ætiology and pathology of a given case is the only one to be employed.

Now, the ætiology of cholera infantum is not so obscure as asserted by a good many authors. Whether or not of microbic origin, one thing is sure—it is due to a chemical decomposition of food, causing an inflammatory condition of the digestive and alimentary canal.

Clinical experience, furthermore, shows that this disease is of a grave character, producing death in a large proportion. Heat *per se* is not the immediate cause of this disease, but it influences its course considerably. Therefore, gastric or intestinal disturbances in summer demand a closer attention than those which occur during the colder season. Cholera infantum is a disease met even in the palaces of the rich, although not so often as in the tenement houses of the poor, which fact proves again that bad air, filth and lack of ventilation are also of a predisposing influence, as well as an obstacle to a quick cure. The mortality in the tenement houses in larger than that of the richer parts.

If we consider the aforesaid, we shall first of all, as regards the treatment of this disease, have to restrict diet.

As soon as called to a case of cholera infantum, prohibit for the first day any food whatever. Mothers have no right to nurse the liitle patient either. Strict instructions must be given in that direction, because the timid mothers are often inclined to quiet the crying babies by putting them to the breast.

Remedies are of very little value. Beginning with calomel, salol, and all the newer antiseptics, finishing with subnitrate of bismuth—they have all proved a failure, for none of them work quickly enough.

The treatment as outlined by Dr. Elmer Lee, of Chicago, in his cases of typhoid fever, proved a success in my hands during last summer, and under this treatment I have lost only one patient out of twenty-three, while

the monuments of my skill exercised during the year 1893 are decorating the cemeteries of the State of Connecticut.

So far as I knew, the best antiseptic (which has also a strong tendency to reduce local inflammation) was peroxide of hydrogen (medicinal) until hydrozone was used by me. Hydrozone being twice as strong as Marchand's peroxide of hydrogen (for economical reasons), the latter drug is preferred by me. This remedy can be administered internally as well as externally.

I add a tablespoonful of hydrozone to a pint of water for washing out the stomach. The vomiting ceases after the first washing as a rule. If necessary, this procedure can be repeated. If the vital power of the little patient is not too low it can produce no harm. But in every case, no matter how far advanced, I do not omit an irrigation of the bowels, for which purpose I use a soft rubber catheter attached to a common bulb syringe. The catheter is introduced as high in the colon as possible. It is unnecessary to say that the water must first be sterilized. I do not agree with Dr. Lee in using hot soap water. On the contrary, I use cold water, and add to each quart about two ounces of hydrozone. The improvement after the first or second irrigation is marked. If necessary, these irrigations can be repeated every two hours.

Among other remedies there are only two to be employed, morphine and strychnine. Both ought to be administered hypodermically. Their indication is too well known and they are about all we need. No antipyretics should be given. If the fever is very high and if the irrigation of the bowels does not reduce it, the whole body should be washed with alcohol.

The diet for the next twenty four hours should be very light indeed. Sweet, strong Russian tea is all I allow.

Each individual case will teach us when food can be allowed again.

Since the adoption of this mode of treatment I have met with the most remarkable success, and no honest practitioner should refuse it a trial.

11 N. Broadway. [*New York Medical Journal.*

Diphtheria Treatment.

The treatment of diphtheria is divided into four sections. The first of which, prophylaxis, is now much more fully understood than it has ever been up to the present; secondly, the destruction of the toxic products of the bacillus in the organism, in which of course the blood-serum therapeutics play a prominent part; third, mention is made of Klebs's "antidiphtherin," which consists practically of the products of digestion of the dead bodies of the diphtheria bacillus. This, however, can scarcely be taken very seriously. Fourthly, it is urged that treatment must be directed to the prevention of suffocation of the patient and to the treatment of the sequelæ.

The Care of the Aged.

When a man or woman passes seventy years of age, great care should be given to the condition surrounding him or her for the prolonging of life. The vital forces are greatly enfeebled at that period of life, and the powers of resistance, in consequence of age, are the weakest. A man of three score years and ten, and over, is like an old machine that by proper care given to its condition, has been kept running many years, and is still able to do work, but its wheels and axles, and pinions are much worn, and are rickety, and if it should be pushed, even to a small extent, in excess of its diminished powers, it breaks down and cannot be repaired, for every part of it is shattered. But if it should be worked carefully and intelligently by a person who understands its condition and knows its capabilities, it can be kept in action a much longer time than would be possible if a careless engineer controlled it. In these fast times, however, it is generally not profitable to husband the resources of an old machine. But this is not true as regards our old men and women. It is desirable to hold on to them as long as possible, and if we can succeed in prolonging their lives five or ten years, or more, it will greatly enhance our happiness.

We have seen it stated that human age is not to be counted by years, for that in some constitutions the general tissues are older at fifty than they are in others at one hundred. And this, too, it is said, not because the general tissues have been overworked and thus become enfeebled, but because they were originally endowed with a shorter longevity. This may be true in part. But we can accept it to the extent only that some persons, by the overwork, the vices, or errors, of some nature, of their ancestors, have had entailed upon them, though no fault of their own, a brief period of life to live. A large number of the human family die sooner than they otherwise would on account of some local weakness. The large majority die early in consequence of faults of their own in living. With some overwork, either mental or physical, has destroyed them; with others constant anxiety and trouble, brought about by disappointments and misfortunes; with others, their vices; with others again, ignorance of the common laws of health, or, where that does not exist, an inability to change their mode of life and live under more favorable circumstances.

Old people should have moderate exercise. Walking short distances every day is advisable, if the weather permits and they are not ailing. To eat heartily and take no exercise is apt to super-induce congestion of some organ. Excessive eating should be avoided under all circumstances.

Prof. Wood advises the daily drinking of wine in small quantities. We, however, differ from him; unless, maybe in cases where there is marked debility, or the person has always been accustomed to moderate drinking.

We always make it a point, in the case of old people, to advise to use great care in avoiding cold. The aged are carried off more frequently by contracting cold than by any other cause. They should always remain indoors when the weather is damp or at all inclement. If circumstances force them out, the greatest care should be exercised as to their dress. The clothing should be made of woollen goods as far as possible. It is warmer in winter, if properly made, and cooler in summer. In summer a thin woollen undershirt should be worn, and in winter a thick one. The blood, with them, is thin, and is deficient in the heat-making elements. An old person will sometimes complain of being cold sitting in a room in summer time.

Public Drunkenness

There is no State or Territory that is not afflicted by public drunkenness. The world would be incomplete without such characters. As far back as we can recollect we remember seeing these pitiful creatures, both male and female, and when we read in ancient history we find them there. The word police, in one sense, means punishment; in the other it means protection, and it is in this latter sense that these poor helpless beings are at all times more or less indebted to the attentions of the police, but for whose timely help fate would sometimes deal hardly with the semiconscious toper. In the modes of its expression, however, this care is liable to somewhat striking variations. Among ourselves there is apt to be too little regard for ceremony or even for necessary precaution. Elsewhere the error in judgment pursues an opposite course. A contemporary reminds us of the Danish method. This appears to be regulated by the principle of like to like, and accordingly treats the drunken in an almost indulgent manner and the sober with some rigor. The inebriate journeys in a cab to the police station, is there detained, and again driven home when free from the effects of drink. Cabman, constable, and surgeon have all in the meantime to exert themselves for the poor cot, and the bill of their united charges is preseuted to the publican whom he last visited. It is easy to see that errors and fallacies may readily arise out of this system, to which method surely is overdone, and the penalties of indulgence are exceeded by the labours of commiseration. A simpler plan should serve all useful purposes. The necessary points of procedure in such cases, we consider, should consist of a preliminary examination on the spot by the constable on duty, who must have some knowledge of ambulance work, this primary survey to be supplemented in cases of doubt or difficulty by a regular examination by the police surgeon. Particular care should be taken to prevent avoidable exposure in the police cell, and in this direction there is still room for improvement. The charge made upon the publican, though no doubt liable more or less to misappli-

cation, is not necessarily an unjust one. Two persons must concur in the offence of drunkenness; one who commits it and suffers by it, and yet makes no amends, and another who aids and abets and is enriched by him. Both of these parties, in our opinion, owe some compensation to social decency.

Medical Authority.

The place of authority in medical science is without doubt a large one. The influence of Hippocrates was immense, widespread, and is by no means even yet exhausted. Galen ruled the Middle Ages in medicine as truly as Augustine ruled them in theology. In modern times the Brunonian Theory had an immense vogue quite incommensurate with its merits, and at the presen- day the Germ Theory insensibly permeates all our views on pathology. There are reasons why the influence of authority is necesarily greater in medicine than in the exact sciences. We cannot bring medical theories to the touchstone of experience and proof as we can bring a fact of astronomy or chemistry. Life is a mystery; disease is an even greater mystery; and it is idle to expect that theories in pathology or therapeutics can be subjected to any off-hand or decisive experimental test. The facts are too numerous, too subtle. too closely interlocked to permit of rapid and secure conclusions. Hence the life-long observation and the slowly accumulated experience of a great physician or surgeon possess an intrinsic value, and medical science would be much the poorer if this were not so. But the appeal is always to the fact and uot to the dogma, to nature and not to the teacher. In medicine we are ever engaged in a double process—viz., accepting a theory or working hypothesis and subjecting it to constant test and revision. We accept the germ theory on authority, but the practical fruits of asepsis and antisepsis admit of daily experiment and observation. We believe that salicin or nitrite of amyl or strophanthus is a valuable remedy in the first instance on the authority of a distinguished teacher or experimentalist, but ultimately on the results of our own individual experience. Medicine, like other departments of science, does not encourage a blind submission to authority, but rather impels her votaries to the daily accumulation of fresh facts and the daily trial "whether these things be so." A reverent scepticism is the only possible frame of mind for the sincere scientific inquirer. He looks on nature solely with the view of penetrating her secrets, and he accepts every demonstrable fact, no matter how unwelcome or how inconvenient.

It is in the field of therapeutics that the influence of authority is the most potent and perhaps most pernicious. The abuse of blood-letting and mercury are melancholy examples of the evil effects of authority in medicine. We should ever be on our guard against accepting any sweep-

ing dictum unless we can support it by solid evidence. There is no doubt at the present day much routine therapeutics that is simply traditional, and many drugs in the Pharmacopœia are there by "divine right" of custom and authority rather than by personal merit. But at the present day authority is everywhere on the wane, and the tendency is in all cases to refer theories to the test ef experience. We should be sorry if the influence of so distinguished a writer as Mr. Balfour were thrown entirely into the scale of authority—at least, in the field of science. Science has her adherents, her devotees, her martyrs, but she has no priests. She opens her arcana to all who will patiently look upon them. Patience, humility, and labour are the keys which unlock all her treasuries. The true practitioner of medicine must chiefly "practise"—suffering humanity permits him no choice in the matter—but he wlll also observe, test, accept, reject, and press towards the goal of surer knowledge and higher art. He will as little as may be lean on authorfty, and trust as much as possible to the daily patient investigation of the laws and processes of nature.

Tartarlithine in Gout, Rheumatism, and Catarrh in General, in Hepatic and Renal Diseases, Anæmia, and Enuresis.

This acid salt of lithium increases the normal alkalinity of the blood and eliminates the uric acid, with no such after effects as result from the storing of artificial alkalinity produced by the lithia waters or the more *alkaline salts* of lithium or *potassium* included in the former alkaline treatment.

Tablets of tartarlithine effervesce in water and produce a lithium cream of tartar which is grateful, harmless and effective organic acid treatment for gout and rheumatism.

During a discussion at The Academy of Stomatology, Philadelphia, Dr. Burchard said:

"Dental manifestations are present in a series of disorders, most of which are described by Haig, in which an anti-gout treatment removes the general symptoms and ameliorates those relating to the teeth. The general manifestations are chronic gastric catarrh, hepatic disorders, forms of anæmia, renal diseases and catarrhs in general; in all of which there is undoubtedly a close association with uric-acid retention."

Dr. French, Rochester, N. Y., reports a case of enuresis in a young lady, with gouty manifestations, who had not had a satisfactory night's rest for two years, on account of the disturbing symptoms; the five grain tablets of tartarlithine were recommended and two days after the treatment was commenced, the patient reported that she had slept continually "from the time of going to bed until the time for getting up in the morning"—attributing this condition entirely to the use of the tartarlithine tablets. Dose: two tablets in a glass of hot water immediately before go-

ing to bed, one tablet in a glass of hot water half an hour before breakfast, and one tablet with water not iced before luncheon and dinner.

Europhen.

By William R. D. Blackwood, M. D., Philadelphia.

It is doubtless true that the medical profession is steadily advancing in many ways. We are now better able to aid our patients toward recovery than we were ten years ago, or rather five years ago, to be more accurate. This advance is due to many items, as far instance, a longer curriculum in our schools; a better manner of teaching the young men who are seeking information; better clinics; more skilful lecturers; and a better clsss of students; for it has come to pass that it is not so easy now to pay fees and get through with a farcial examination at any respectable college. But besides this, we have had advantages which our predecessors did not possess in the way of improved drugs; improved combinations of older remedies; improved methods of manufacture; and the discovery of new agents for combatting disease of all kinds.

In no department of practice has the advance been more conspicuous than in surgery, and the so-called "Listerism" has shed a boon on suffering mankind which is beyond computation as to its value. It is said that "cleanliness is next to Godliness," but I am inclined to think that it is even more important to us, for if a man is thoroughly moral he will be as apt to be good as the most enthusiastic follower of any of the divine creeds which so confound seekers after light Some of the dirtiest patients I have ever handled were extremely strict as church-goers, but they were awfully hard to cure because of their lack of antiseptic ideas. Listerism is, of course, simply and solely cleanliness—the dirt is ostracised, and the germs barred out—that is all. The terrible pharaphernalia of a few years ago does not now hamper us, for we are better prepared to shut out the microbes, the bacteria, and the other germs which are the originators of suppuration and necrosis within and without the human system.

For many years past I have had considerable difficulty at times when a good cicatrisant was indicated, for I have had such a distaste for iodoform as to prevent its use for many reasons, the main one being its intolerable odor. In the same way I have often wished for something which would be advantageous in the troublesome post-nasal catarrhs and in actual ozena, for to me the idea of employing iodoform in these cases would be adding insult to injury—the sufferers smell badly enough from their malady without the added stench of iodoform—for no other word expresses to me the horrible effluvium of this drug. Of course we have the carbolates of many kinds, and the borates also, but these will not fill the bill in very many instances; they do restrain excessive secretion, and in

mild cases they help to heal ulceration, but they do not give that secure covering under which cicatrisation goes into a cure. It is in just such patients that the drug under consideration is indicated, and it is the ideal one for all nasal and throat troubles which are accessible to the insufflator or the probang. I am in the habit of selecting this agent in the large majority of cases which require topical medication, and have never had cause to be disappointed with the result. Although I have not yet had an opportunity to rely on it alone in diphtheritic exudation as the curative, I find it to be the most excellent in healing up the raw surface left after the membrane is cleared off, and I am inclined to believe that it may possibly be equally reliable as an agent for destroying the exudate as it is for cicatrising the bare spots when the membrane is gone. We are apt to stick closely to favorite remedies in hazardous cases, and as I have had good success with other drugs for destroying the membrane in this terrible disease, I have as yet been afraid to risk using Europhen at first, but when opportunity presents I shall do so early in the disease, and if it does act satisfactorily enough to quiet my anxiety as to the spread of the membrane, I hope to find it to be a good adjuvant in the management of this fatal scourge.

One reason why I think it indicated in all membranous exunations is because I have found it so efficacious in chancroid both of mild and destructive type. I rely most exclusively on the drug in all cases, particularly so when the sore shows signs of phagedena. In the stubborn venereal warts which so irritate the patient and the doctor alike with their persistence, Europhen is an admirable remedy. I refer more particularly to those which affect the head of the penis ; and any one who has had a case which refuses to heal or cease to multiply under numerous applications will appreciate this new agent, for it has never yet failed to do as I wanted it to do. I have sometimes tried it in gonorrhœas, and with satisfactory result. In the instance of large buboes I have employed it both to the external surface after incision, and packed the cavity with absorbent cotton well filled with the agent, and its ability to hasten a cure is remarkable. So in the irritating eczemas of the genitals this powder is both cooling and healing. Where there is much secretion from perspiration in this class of disorders I use equal parts of stearine and Europhen, and it does admirably.

In gynecological work Europhen is very valuable; I find it to be excellent after the use of strong electrical currents in endometretis, or after electro-cautery in fibroids. I usually blow in all that the canal will hold through an ordinary bent glass tube, placing a small wad of absorbent cotton against the cervix which is removed the next day, and a tampon of glycerine is then adjusted. I do not often employ the stem pessary, but when I have a case in which that instrument is advantageous, I dust it well with Europhen prior to fastening it in place; and so, also, with tents

in dilatation where time is not an object. When making the tent I rub the powder well in before rounding it off, and then insert it without any lubricant if possible; if the canal will not allow its passage, I cover it with a little cosmoline and add more of the Europhen to it as an antiseptic. I feel safer in leaving a tent thus prepared than I do under the older methods where we now and then got up a little sepsis to complicate matters. In instances of abraded os this agent is both serxiceable and pleasant, when applied through a tampon, two in the twenty-four hours being sufficient; and a cure results in a week unless some cause beyond the ordinary "ulceration," as the women term it, is present. In instances of urethral caruncle, after snipping them off with scissors or galvano cautery, I dress the wound with Europhen, and find it to be all that one may desire—or two—the doctor and the patient.

One of the most interesting uses of Europhen is in that very troublesome malady, the so-called "ivy-poisoning." Some of the people who suffer from this go nearly wild before relief is attained, because of the intense itching which compels them to scratch and thus spread the eruption beyond where it would have been confined otherwise. Some years ago, after being fire-proof to this nasty complaint, I got a dose which made life a torment for awhile, and the remedies used were almost legion, but all to no purpose for a time. As I had quite a number of surgical cases in hand just then I was handicapped, and wished that all such plants as the rhus family were relegated to the centre of Africa, or to some place that I would never be called to visit. With this trouble in memory last year I got hold of a bad case of poisoning through sumach, and as an experiment I tried Europhen, and with the most satisfactory success. Let me urge my friends to try this when the now near at hand summer brings out the new crop of poisoning of this variety. It will be a blessing to many wretched people. In a very offensive case of mammary cancer I got perfect relief to both the patient (from the pain principally), and to the family from the cessation of the odor. The ease was too far gone for operation, the axilla and throat being too much involved, but for a long time she was rendered quite comfortable, till the extension of the ulcerative process grew too deep to be reached, and death supervened.

In many skin diseases I rely on this drug as a remedy at once efficacious and cheap, for it must be remembered that as Europhen goes farther because of its lightness than most powders used in skin therapy, it covers more surface at a time, and it also sticks tightly even under free discharge in the moist varieties. An excellent example of its value was shown in a stubborn case of psoriasis which apparently defied any and all applications for a year before I got hold of it. Aristol did well for a time, but either through carelessness on the part of the mother or from some other cause unknown to me it failed to hold the lesion in check; here Europhen came in and finished the business. For ten months past the child has been en-

tirely free from the disease which is to me an evidence that it is gone for good, because even when the rash had been to all purposes obliterated under other treatment previously, in about six weeks or so it would return, and spread rapidly. Now, however, time enough has elapsed to cause us to believe the cure as thoroughly complete.

As a dressing in erysipelas this remedy is quite satisfactory. Mixed with a little magnesia it allays the burning felt in so many examples affecting the face; and as the origin appears to me to generally start in the fauces, I make it a habit to blow the drug into the throat two or three times daily as an adjuvant to the local and constitutional treatment, and I feel that the cure is hastened by this manœuvre.

I have had good results from the use of Europhen in various affections of the scalp in children; it is a good application for tinea capitis; and it does well with those who need an insecticide where too much scratching indicates undesirable inhabitants. It has the advantages here of not being irritating, and if the child might get a little into the eyes it does no harm, which is more than can be said of most of the applications used for such purposes.

In indolent ulcers of the leg Europhen does well. I have succeeded in gaining a solid skin over an ulcer, two by ten inches in extent, which before had resisted all that could be done for it either through the canonical strapping, or the widest range of antiseptics. A large sequestrum had to be removed prior to my starting in on the Europhen, and the underlying tibia looked quite unsatisfactory, but it healed in good time, and remains free from irritability even with a fair share of walking and standing on the limb.

In a severe carbuncle which was undermining the integument for a distance of four inches across, after free incision the wounds were well filled with Europhen, and the suppuration was not only perceptibly reduced, but the anæsthetic effect was decided enough to give the patient great relief as compared with the usual methods of management in vogue before the days of antisepsis.

In using Europhen for the purposes above described I have generally taken cosmoline or almond oil as a base; and the strength has been from ten to thirty per cent. Frequently when used for insufflation I have applied the powder in strengths varying from twenty-five to fifty per cent.; sometimes it was applied in its pure state. and without any bad effects whatever. To ulcers of all kinds it was applied without dilution, and I have had no unfavorable results in doing this. It appears to be devoid of toxic results even when absorbed freely, and I have not at any time seen renal difficulty supervene when it was given purposely internally in small doses, or evidently absorbed from large wounds, or from the endometrium. I believe it to be entirely safe under all circumstances. It rarely irritates even in full strength when placed on large or sensitive surfaces, as, for

instance, on the conjunctiva, or in the aural canal. We are told not to make mixtures of Europhen with metallic oxides or with starch, because of the decomposition thereby induced, but, whilst, I have had no experience with it under most of these conditions, I have employed it frequently in ulcers combined with both starch and arrow-root, and it has acted just as well as when used in oily or fatty bases. In fact, in many instances, I got better results in indolent ulcerations in this way than with admixtures of Europhen and talcum, or similar diluents. The extra stimulation appeared to be serviceable at such times.

In a few instances I have used it internally for diarrhœas of fermentative or septic type, and in dysentrey, with success. Were cholera, or cholera morbus of a severe nature to prevail with me I would not hesitate to use Europhen internally, as I am not at all inclined to endorse the very foolish advocacy of such imitations of infinitesimals as copper-arsenite in fractions, such as the ten—or fifty—thousandth of a grain in diarrhœa. Such practice is, on the face of it, foolish, for with the increased intestinal flow no such visionary quantity of a drug which can be safely given in grain doses, as I have done repeatedly by way of experiment, and taken myself, without injury, can by any possibility, do any good whatever. Fads are bad in medicine just as they are in anything else, and we might as well use something which has a solid basis, such as Europhen, when we require definite and pronounced action, as waste time and endanger the patient's chances of recovery. To close this paper I hold that where we need a good antiseptic it is proper to select one which is at once safe, efficient, and agreeable, and Europhen is a preparation which meets all these requirements—it is a good thing.

Abortive Treatment of Gonorrhœa.

Guiard's treatment of gonorrhœa by means of frequent washings out with weak solutions of permanganate of potash is certainly the most effective way to abort gonorrhœa. He uses a vessel of a capacity of about 2 litres for holding the solution; attached to this is a rubber tube 2 metres in length, fitted with a glass cannula and tap, so arranged as to be workable by the same hand that holds the nozzle in the penis. If the inflammation is confined to the anterior urethra, only a small quantity—about 5 or 6 grammes—is allowed to flow in, and then immediafely voided. About half a litre is the utmost that should be used at one sitting. The best results are obtained with weak solutions, for example, 1 in 10,000, the maximum being 1 to 5,000. There should be two washings on the first, recond, and fourth day. On the third and last four days of the eight days' treatment only a single washing out is advised. The results obtained are very satisfactory. The stains produced by the solution may be removed by a 20 per cent. solution of bisulphite of soda.

Prostatic Enlargement, Its Pathology.

The theories current at present regarding this condition are based upon the analogy between it and fibroid disease of the uterus. That it is merely an occurrence in a constitutional disorder which begins as an arterio-sclerosis and ends in fibroid degeneration, affecting the genito urinary organs in a special manner, and that it is secondary to and developed as a compensatory measure to primary changes in the bladder. These theories are disproved by the following facts:

The prostate is not homologue of the uterus. The uterine growths originate as fibromyomata and have little or nothing to do with the mucous membrane; neither does the enlargement begin as a fibroid degeneration, but as a glandular overgrowth. The prostate is of sexual origin and has to deal only with sexual function. It has nothing to do with micturition, which, if the prostate remains undeveloped or undergoes atrophy, takes place just as if the prostate were normal. There are, however, certain facts which we know that suggest the real cause. The enlargement is dependent in some way upon the testes. The evidence in favor of this is in brief as follows:

The normal development of the prostate is undoubtedly controlled by that of the testes. Up to puberty there is no prostate worth mentioning. If castration is performed before puberty the prostate never grows; if after puberty the, it wastes and disappears, and the same has now been shown to be true of the abnormal development known as enlargement, This rarely begins after an age at which it may be presumed that the testes are no longer functional, and it disappears if they are removed. There are now nine cases on record in which castration has been followed by a complete disappearance of the enlargement within a few weeks. How the testes act is questionable. The mere induction of sterility (such as by section of tne vas deferns,) although it may cause atrophy of the testes, does not appear to be sufficient. The influence, whatever it is, comes from the testes themselves and exists so long as they are present. It may be exerted through the nervous system or through the circulation. Three cases have lately been reported of unilateral atrophy after removal of one testicle. If post-mortem examination of these cases should show this to be true, it is probable that the influence is exerted through the nervous system.

Cicatrices.

Small, comparatively insignificant cicatrices of the face, such as result from variola, pustular acne, etc., are sometimes made less conspicuous from the long-continued ingestion of small doses of some refined oil, as castor or cotton-seed oil. These should be given in from three to twelve drop doses three times a day.

The Death of Dupuytren.

The following details as to the death of the great French surgeon Dupuytren may be interesting. Though not new they have recently been again brought before the world by certain documents in the possession of M. Nadar, the photograper, which have been published. At the heighth of his fame Dupuytren used to see a crowd of private patients every morning, and treated them, sad to say, rather roughly in every respect. One day, when worn out and irritable through overwork, he was struck by the remarkable appearance and demeanor of the last patient for the morning. This patient was an old priest, pleasing in features and very gentle in manner. His malady, he said, was abscess, and he wanted it cured. Dupuytren found that there was suppuration of the submaxillary gland, but behind it was a carotid aneurysm. He at once said, "Well, Monsieur l'Abbe, you will die of that." The priest behaved in a stoical manner, and said good-bye. Dupuytren then proposed an operation, which he said would probably prove useless, and would be long and painful. The priest begged the surgeon to operate, as that would please his parishioners. There was great hemorrhage, and part of the lower jaw had to be sawn through. The priest did not so much as wince. Ever afterwards Dupuytren was gentler to his patients. The priest recovered after very kind attentions from his surgeon, on whom he called two years running, bringing gifts of poultry and fruit. At the end of that time Dupuytren was mortally ill. His character grew more and more reserved and gloomy as the fatal hour approached, Early in February, 1835, he ordered his adopted son to write to the priest saying, "This time it is the doctor that wants you. Come quickly; perhaps you will be too late." The priest came at once from his parish near Nemours, and spent several hours in private with Dupuytren, who deeply admired this simple man, who knew so well how to bear pain and how to face death. Whether the discussion was theological or philosophical has never been revealed. Next day Dupuytren sent for the Archbishop of Paris, but the great surgen was dead before that dignitary arrived at his bedside.—*British Med. Journal.*

Continued Use of Alkaline Mixtures.

Every practitioner is aware that solutions of potash and soda salts are apt to increase rather than check dyspepsia if given too long or in too large doses. M. Mathieu finds that they may even set up cystitis. In cases of gastric ulcer and acid dyspepsia he has seen the complication occur when the patient has taken a mixture of one part of calcined magnesia and four of bicarbonate of soda. He has learned that at Vichy the visitors who go through a course of the Source de l'Hospital waters often have slight cystitis. M. Mathieu has observed a case of cystitis with hæmaturia in a patient who took large doses of bicarbonate of soda. He

replaced it by a mixture, four parts magnesia and six prepared chalk. The hæmaturia recurred. This seems to show that the alkalinity of the former medicine, not the fact that it was a sodium salt, explained the symptoms of cystitis. Dr. Du Cazal has seen hæmaturia, but never cystitis, in rheumatic subjects taking large doses of bicarbonate of soda. Dr. Hayem notes that the degree of acidity in the urine must be ascertained, in cases of acid dyspepsia, before alkalies are given, as there is no direct relation between the proportion of acid in the gastric juice and in the urine. When the latter is feebly acid the patient may be much damaged by alkalies.

The History of Vaginal Hysterectomy.

Vaginal Hysterectomy is now recognized as one of the triumphs of modern surgery. This operation according to Greig Smith was performed for prolapse before the Christian Era. This operation, brought forward in 1813 by Langenbeck, like almost all noted operations, passed through many vicissitudes. It has been successful in the hands of some and unsuccessful in the hands of others. Langenbeck was very skillful in performing the operation, while many French and German Surgeons met with poor results. This brilliant operation fell into disrepute until 15 years ago Czerny took it up. The Mortality was at first very high, but now it is just as low, so low in fact that some surgeons of Europe perform it on diseases other than cancer. Among those prominent in its improvement are Pean, Segond, Jacobs, Sanger, and Landou. I think Jacobs claims to have removed the uterus, tubes and ovaries, per vaginum, in 140 cases with a death rate of only 14 per cent. The opinions among leading surgeons at the present time seems to be that the entire uterus should be removed and partial operations should be abandoned. By removing the entire organ we get a lower mortality and better results.

Bleaching of the Tongue and the Use of Peroxide of Hydrogen.

A curious phenomenon is observable in regard to the tongue when peroxide of hydrogen is administered for long periods in medicinal doses. The tongue under the administration becomes moist and of milky whiteness, the fur, as it is commonly called, becoming whiter than cream. It has been most manifested in cases of enteric fever, in which the medicine has been given in two drachm doses of ten volumes strength, well diluted, every four or six hours for several days, and it is a good sign that the medicine is taking effect. No harm is indicated by the appearance, but it is a usual proof of a favourable condition with breath free of taint, and the teeth of sordes. After the medicine is withdrawn, the white condition clears off, in six or seven days, leaving a moist and clean surface.

The Pathology of Chloroform Snycope.

Many elaborate papers have lately been written on this subject and many different opinions seem to exist. These opinions are based, undoubtedly, on observations of symptoms produced by the different methods and manner in which chloroform is administered. An eminent writer once said:

"It is generaliy acknowledged that the effect of chloroform inhalation is to lower the blood pressure, and, it follows from this, that when the chloroform has been stopped, and its effects are passing off, there will be a rise of blood pressure."

Snow, Sansom, and other earlier observers, arrived at a directly opposite conclusion, evidently from observations made from the effects produced by more properly diluted chloroform administrations.

Snow says:

"Properly diluted chloroform can never seriously affect the heart's action."

Sansom says:

"The first symptoms induced by chloroform gradually administered are those of exhilaration, such as those of a glass of wine. The pulse beats with an increased force. This rule is universal in the stoic as in the timid female; and in all animals under chloroform there is this increase in the rate of circulation."

Experiments upon animals has shown that the hæmadynamometer having been applied, and small doses of chloroform having been administered, the column of mercury at once rose, indicating pressure of blood upon the artery." This early observation of the mercury in the hæmadynamometer must, therefore, on the whole, be considered to indicate that the immediate effect of small doses of chloroform on the heart is to stimulate its action.

The Significance of Picking the Bed Clothing During Attacks of Sickness.

For many years the phenomenon of picking the bed clothes by the patient has been considered a dangerous symptom, and one indicative of dissolution. As a general fact it is indicative of dissolution, but it is not so absolute a sign as some have supposed. I have witnessed it in many cases in my own practice, that lasted for many hours, where convalescence took place at the usual time. This phenomenon is not the sign, to the best of my understanding, connected with any particular morbid state or disease, unless we are to consider gradual sinking or collapse from any disease as a common condition to every disease. The motion is an aberration rather than an involuntary activity, and probably indicates mental, rather than physical, failure. It is not choreal, it is not convulsive, it is

not tetanic, and it is, in a morbid sense, voluntary and without pain. I never saw it under a volatile anæsthetic, but I have seen it induced by alcohol during delirium tremens, which occurrence suggests the idea that the cause of it is due to the presence in the nervous matter of some foreign body that has specific toxic properties—mercaptan, alcohol itself, or some other of the alcoholic series. The facts indicate that in all cases it is the same nervous centres that are at fault, but what centres these are is a question to which, at present, there is no reply. As a prognostic sign in disease this phenomenon is a bad sign. It is not easy to overate its badness and it calls for a great deal more study than has ever been given to it.

The Evils of Night Work for Children.

Sir James Crichton Brown, speaking on the subject of pursuing young children with lessons into their home life, says: "It seems to me high time for a declaration of rights on behalf of helpless children, and on behalf of future generations also, whom, if we are not careful, we shall load with a burden more grevious than the national debt—a burden of degeneration and disease. I trust that some one of my medical brethren will bring this subject to the front and obtain an emphatic condemnation of 'home work' in the case of children under twelve years of age. I have encountered many lamentable instances of derangement of health, disease of the brain, and even death, resulting from enforced evening study in the case of young children, with the nervous excitement and loss of sleep which it so often induces, and I am fully persuaded that even when it does no perceptible injury to health, it is inimical to true progress. To pursue young children with lessons into their home life, and those hours when they should be roaming fancy free, is to embitter their existence and that of their parents, and to endanger their symmetry of growth. It is indisputable that evening work by artificial light is peculiarly detrimental to vision and conducive to that short-sightedness which is increasing amongst us so rapidly, and that it tends more than day work to cause deformity of the spine."

Fevers.

Dr. J. H. Calvin, in Columbus Medical Journal, says:

1. No attack of continued fever properly treated is malarial.
2. No attack of fever not cured by quinine is malarial.
3. Attacks of fever in winter time are not dependent upon malaria as an etiological factor.
4. Attacks of simple or pure intermittent malarial fever never prove fatal, when properly treated. The same is, with rare exceptions, true of remittent malarial fever.
5. The majority of cases of mild typhoid fever in malarious districts pass unnoticed.

Antitoxine in Typhoid Fever.

The most recent investigations as to the possibility of obtaining an antitoxine for typhoid fever are those of Professor Krauss, of Vienna, and Dr. Buswell. Bouillon cultures of the blue pus bacillus, heated when three days old to a temperature of from 140° to 176° F., were injected (seven minims at a time) into guinea pigs on two successive days, and a week later the animals were injected with 45 minims of a virulent culture of typhoid bacillus. Unprotected guinea pigs thus injected with typhoid died in twelve hours, while those first injected with the bacillus pyocyaneus culture were not injuriously affected. A trial of the injection with the dead bacillus pyocyaneus culture was made on twelve men suffering from typhoid fever, two of whom died. The latter showed post mortem that some of the ulcers were cicatrized, but that the disease had progressed after the injection, there being several patches of fresh infiltration. The cases which recovered did not appear to be materially modified by the injections, but there were no untoward after effects. Of course it is within the bounds of possibility that an antitoxine may yet be found for enteric fever; if an antitoxine can be discovered for one bacillary disease, why not for all? The results detailed above do not, however, seem particularly encouraging. There is a rage for antitoxines now, and every one thirsts to discover a new one. It began with Koch's tuberculin, and we hope the reaction will come presently, and investigators will settle quietly down and not publish their results until they have arrived at something really tangible.

Death from Electricity.

Many are still discussing whether death by electricity was painless or not. Death from any cause or fashion is painful, in the fact that you must die, and whether the means of killing any one hurts or not makes very little difierence.

According to a distinguished French electro-physiologist the majority of persons supposed to be killed by electricity are only partially paralyzed and can be resuscitated. At a recent meeting of the American therapeutic Association, we observe that certain experiments were made which tend decidedly to disprove this assertion. Four ducks were subjected to the alternating current, and in every instance, although resuscitation was attempted by experienced physicians, the birds could not be revived, and post mortem examination showed that death had taken place a few seconds after the passage of the current. The discussion on these experiments was vigorous and interesting, and the majority of those present agreed that electrocution seems to be a painless and sure death, at least to all who are killed by the alternating current.

Fresh Fruit in Chronic Dysentery.

I should like to draw attention to the value of certatn sorts of fresh fruit in the treatment of chronic dysentery. As far as I know, none of the text books on the subject (except Davidson's Hygiene and Diseases of Warm Climates) allude to this. From my own personal as well as profeseional experience I have found them of the greatest value. I may specify strawberries, grapes, figs, and, if they can be so classed, tomatoes, these being all seed fruits as distinguished from stone fruits. Of course they must be in absolutely good condition. For some years past I have made use of them largely in treating chronic dysentery and diarrhœa, with most happy results. I must own the idea is not original, but was impressed on me by the late Dr. Sausmarez Lacy, of Guernsey, who, I believe, had practised this treatment for many years. As the season for invalids from India and the tropics has now commenced, the suggestion may be of use to those of my brother practitioners who find diet a difficulty in such cases.

Folkestone. ARTHUR DE BUTT, L. S. A. Lond.

A Word in Reference to the Opium Habit.

The medical profession has always been responsible for the opium habit of patients or the laity, by its reckless and indiscriminate prescription of anodynes and narcotics—generally used for the treatment of symptoms; rarely does the routine practitioner make a precise diagnosis before giving opium, if pain is present. Opiates are commonly used without a clear recognition of an indication except that of pain. The opium habit is rarely acquired, except it be antedated by pain or an illness for which some doctor has given morphine or some preparation of opium. There is scarcely a remedy in the Pharmacopœia used so recklessly and ignorantly, and none doing more general mischief—it has always done thrice as much harm as good. In the general practice of medicine, some of the preparations of opium are to be found in about every prescription. This practice has made thousands of opium eaters.

Toxic Properties of Cocaine.

Reports show that under the influence of this alkaloid the leucocytes undergo changes; they become spherical and rigid, increase in size, and no longer adhere to the vessel walls. On the other hand, the capillaries contract, and thrombosis and embolisms, particularly pulmonary embolisms, may be produced. These changes may be seen after even small doses of concentrated solutions. Experiments show that intra-arterial injections made in the direction of an unimportant viscus, are much less dangerous than intravenous injections.

Penetrating Wounds of the Abdomen.

The following rules are given by Prof. Chaput as to the proper time for surgical interference in cases of penetrating wounds of the abdomen:

When the patient is cold and collapsed, it would be well, he holds, to abstain from operating. If, however, it be evident that the shock is due to hæmorrhage, the surgeon should intervene, notwithstanding the serious general condition. If it be probable that the patient will die on the table, the operation should not be performed. In difficult and doubtful cases the surgeon should be guided by his experience and trust to the dictates of his own conscience. Expectant treatment, it is held, is absolutely binding when, with a wound twenty-four or forty-eight hours old, the patient remains free from disturbance, the facial expression being as usual, the temperature and pulse normal, and the abdomen free from pain and tenderness. In such a case it may be assumed either that the intestine has not been involved or that the wound has been rapidly closed by adhesions. Laparotomy in cases of abdominal wound is contra-indicated when the medical attendant is inexperienced in such work, and in the absence of proper instruments and appliances and of competent assistants. These conditions being favorable, and in the absence of decided contraindications, laparotomy should be performed in every case of recent penetrating wound of the abdomen, even if this wound be but a punctured one. Chaput, in such cases, would open the abdominal cavity in the middle line and not attempt to follow the course of the penetrating wound. He would advise laparotomy also in cases in which there may be a doubt as to whether the wound is a penetrating one or not, and in cases of violent contusion of the abdomen caused by an agent having a narrow surface—as, for instance, a horseshoe—provided in such cases there be any general disturbance. In cases of abdominal wound which has existed for longer than twenty-four hours, it would be necessary to operate should clear indications of peritonitis be presented.

Medical Department=University of Louisville.

MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

SESSION OF 1895-96.

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Syrup Hydriodic Acid.

The iodides are probably more in demand than any of the alteratives. They have always been considered invaluable in the treatment of scrofula and syphilis. Unfortunately they, in large or long continued doses, have a tendency in many instances to inaugurate stomach disorders, and yet the absolute need of the remedy is apparent. What then shall we do? We can have recourse to Hydriodic Acid. For years this agent was officinal in the dispensatory, but it was dropped because of its unstable character, which made it not only unpleasant, but unsafe to administer For almost ten years the acid was not obtainable, until in 1878, when Mr. R. W. Gardner, of New York, introduced the agent in the form of a syrup, which the best tests have shown to be unalterable by any ordinary exposure in the sick room, unless in hot weather, when, of course, it should be excluded from either extreme light or heat. Sufficient time has now elapsed to demonstrate that the claims made for the syrup are well founded, and that it replaces the salts of soda and potassa in an entirely satisfactory manner. An important addition in the form of the syrup of Hydriodic Acid has therefore been made to current therapeutics. By the use of this syrup we obtain, in a palatable form, iodine in its most effective state. Mr. Gardner has shown that:

Its effect upon mucous surfaces is more marked than with other forms of iodine, while it is effective in smaller relative proportions, and when required. it is so free from irritant action that it may be given to the youngest infant.

The syrup of Hydriodic Acid is especially serviceable in asthma, hay fever, acute and chronic rheumatism, chronic bronchitis and in many chronic congestions of the mucous tract. Probably the greatest value to the practitioner of syrup of Hydriodic Acid will come from its employment in syphilis, particularly in the latter stages. The stomach is often rebellious at this time, for it has most likely been surfeited with mercury. Many cases drag along under iodine because not enough of it can be borne, and mercurials frequently are not only useless, but at times injurious. Instances such as those related bear admirably large doses of syrup of Hydriodic Acid. Some cases have come under my observation in which the patients were at a standstill, who at once brightened up and rapidly improved under the use of the syrup of Hydriodic Acid. If thought desirable, the biniodide of mercury (the red salt) can be combined with the syrup, but the protiodide cannot be used at the same time, because it (the green salt) would be converted into the former salt, and unless care was taken the unexpected activity of the syrup thus prepared would exceed the prescriber's expectations, and possibly injure the patient. In syphilis the syrup can be pushed, if needed, until the characteristic saturation is evident, or when the metallic taste becomes pronounced, and we

know that iodism is near at hand. It is advisable, however, not to carry the administration so far.

Many skin diseases are benefited by the syrup of Hydriodic Acid. In connection with cod liver oil it is valuable in some varieties of eczema, particularly in children. It is especially efficacious in the form known as scald head, which is often so obstinate and unyielding to many remedies. Scrofulous persons (those predisposed to glandular troubles) receive decided benefit from its use. The red-eyed children, those having recurrent granular lids, with repeated attacks of mild conjunctivitis, derive great relief from syrup of Hydriodic Acid. A case of amyloid liver with fatty heart, in the practice of Dr. F. A. Burrall, of New York, was notably aided by the syrup of Hydriodic Acid, and he endorses it in glandular troubles generally. Dr. Blackwood, of Philadelphia, has employed it largely in his practice, and reports cases of exophthalmic goitre, lumbago and uterine catarrhs which were cured by the syrup. It is desirable that Hydriodic Acid should be given by itself, inasmuch as it is very susceptible to chemical action, combinations with other remedies might act injuriously upon it. Metals and alkalies are incompatibles, so also are oxidizing agents, as for instance, acids, permanganate and chlorate of potassium. These would form iodic acid, which would be highly injurious to the patient. If intolerance becomes apparent, as occurs with all really active medicines after a more or less extended use, the syrup should be dropped for a week or ten days, when most likely the stomach will have recovered its tone, and it may again be administered. Unlike many remedies which, when once objected to in this way, are never likely to be good again, the syrup is just as palatable and equally efficient when taken up after a vacation (so to speak) as when first given, which is an important characteristic of this remedy. Although syrup of Hydriodic Acid is used by many practitioners, we call attention to it, believing that a wider knowledge of it is desirable, and feeling certain that a careful trial by physicians at large will add to their armamentarium an important remedial agent, as they will learn to appreciate its value as we have, by its employment in a wide circle of diseases for many years.

The Diagnosis of Intestinal Rupture.

Berndt recently discussed the question of intestinal rupture from the diagnostic point of view, emphasizing not only the difficulty of establishing the certainty of a lesion of the gut wall, but also the importance of so doing in order to enable the surgeon to undertake an early laparotomy. The effects of a severe contusion are very similar to those produced by rupture, but the author points out that whilst vomiting is present in both cases, its nature varies so much as to constitute it an important element in diagnosis. In simple cases of shock the vomiting is reflex in character, and, although repeated two or three times, is never very serious. On the

other hand, where the intestine is ruptured, it is due to the extravasation of the gaseous and fluid contents of the bowel into the peritoneal cavity, and is then always of a persistent and intractable character. Sundry recent investigations are added in which this opinion has been strikingly confirmed.

Application of Forceps in Occipito-posterior Cases.

Professor S. Tarnier says than spontaneous delivery may take place in one of two ways when the occiput is posterior: in one case the occiput undergoes a long rotation forwards so that an occipito-posterior is converted into an occipito-anterior case; in the other the occiput remains behind in the hollow of the sacrum, and if the perineum is yielding and the pains strong the head is delivered in this position, the posterior fontanelle being the first part of the child's head to be born. Supposing that the occiput does not rotate forwards and the head does not advance, an attempt should be made to rotate it forwards with the hand, and this can often be accomplished because the head still remains movable. If the occiput is to the right the left hand is introduced and the head seized, the thumb being placed behind the ear. The head is then rotated from right to left and from behind forwards, and the hand retained in position, because otherwise the occiput will again turn backwards owing to the fact that the shoulders have not rotated forwards with the head. The right blade of the forceps should now be introduced, and after being placed in position is entrusted to an assistant to hold. By this means when the left hand is withdrawn the head is still retained in place. The left blade is then applied and the blades locked. On making traction further rotation takes place as the head descends. When the occiput cannot be rotated forwards by the hand he recommends the following plan. The blades of the forceps are applied in one of the oblique diameters of the pelvis; so that if the occiput looks to the right sacro-iliac synchondrosis the left blade is opposite the left sacro-iliac synchondrosis and the right one opposite the right obturator foramen. When the forceps are in position the first thing to do is to flex the head, and this can often be accomplished by pulling on the traction-rods. If in spite of this traction the posterior fontanelle still remains high up and difficult to reach, the handles of the forceps should be carried forwards at the same time that traction is maintained on the cross-bar connected with the rods. The head will thus be flexed, and the next thing to do is to aid rotation. This can be done by making the handles of the forceps describe a wide arc of a circle while traction is being made. The occiput having thus been rotated forwards, it will be seen that the concavity of the forceps now looks towards the hollow of the sacrum. If the perineum is resistant it is best either to take off the forceps and reapply them, or to allow the head to be expelled by the uterine pains after the blades are removed. If the pains are inefficient

a manœuvre described by Ritgen may be employed, which consists in introducing a finger into the rectum and pressing on the forehead. In some cases, according to Tarnier, it is not necessary to remove the forceps, and by carrying the traction-rods upwards and forwards the danger of cutting the perineum with the points of the forceps is obviated. He concludes by alluding to the fact that the manœuvre which is in France associated with the name of Ritgen was really first described by Smellie.

Somatose--A Concentrated Nutrient.

The considerations which influence the phvsician in the selection of a food preparation for the sick are chiefly, whether it is nutritious, in the true sense of the word, containing in small bulk a large amount of available nutriment, whether it is digestible, without taxing the gastro-intestinal tract, whether it is promptly absorbed and assimilated, and finally whether it is palatable and suitable for prolonged administration. Careful and extensive experiments have shown that Somatose is eminently adapted for the nutrition of persons suffering from debilitating diseases of acute and chronic character, such as typhoid fever, pheumonia, phthisis, gastric affections, and for the alimentation of weakly children and convalescent. It consists almost entirely of the albumoses or active nutrient constituents of meat, and is digestible, rapidly assimilated and relished even by the most fastidious. In view of the large amount of condensed and available nutriment it contains, Somatose is much cheaper than other nitrogenous food products—a fact which deserves careful consideration. Among others Dr. Weber, of Strassburg, (Berlin, Klin. Wochenschr., No. 9, 1895,) has recently contributed the results of his experience with Somatase. It appeared to him of especial value in cases of gastric catarrh, ulcer, cancer, etc., when it was desirable to subject the hyper-sensitive mucous membrane of the stomach as little as possible. He reports a case of gastric ulcer, in which in consequence of the pain produced by solid food, the patient had to be fed with soups and had become greatly reduced in flesh and strength. Somatose was then administered in teaspoonful doses several times daily; and notwithstanding the occurrence of a hemorrhage he increased visibly in strength, regained his appetite, and soon was able to resume other light foods. This rapid improvement is ascribed by the author in great part to Somatose. Infants suffering from gastro-intestinal affections also derived much benefit from this preparation. In cases in which milk was vomited, this oatmeal gruel with addition of Somatose proved an excellent substitute, 1.5 to 2.0 gm. being added to bottle containing 250.0 gm. Admirable results were also obtained in several cases of severe migraine attended with vomiting. A lady, 35 years old, suffered from these attacks which lasted five or six days regularly at the menstrual periods, and as she was unable to take food during their occurrence, her nutrition had become impaired. Somatose one teaspoonful in a cupful of light black coffee was,

however, well tolerated, being given several times daily. Since the time of its administration the patient experiences much less exhaustion after the attacks, looks better and has increased 1½ kilo in weight. Weber is firmly convinced of the utility of Somatose in all forms of anæmia, both in the anæmic conditions of childhood which are associated with scrofula and rickets, and in the anæmia following loss of blood or occurring during convalescence from febrile diseases. By the conjoint administration of ferruginous preparations and Somatose in all these cases, much better results were obtained than from the use of iron alone. In convalescence it acted both as a nutrient and, besides, stimulated the appetite. Finally the author emphasizes the fact that in view of the small quantities required Somatose is not an expensive preparation as compared with other food products which even in much larger doses furnish less nutriment to the system.

Phenacetine in Urinary Disorders.

The antipyretic, analgesic, and sedative properties of Phenacetine have received full recognition from the medical profession and have been utilized in a wide range of pathological conditions. There is one class of diseases, however, in which this remedy has not yet received the attention it would seem to merit on the ground of the remarkably favorable results derived from its use by some practitioners, viz.: disorders of the genito-urinary tract. Some time ago Dr. Traill Green pointed out that the frequent urination attending certain affections of the genito-organs in persons of advanced age, and disturbing the night's rest, can frequently be relieved by 10 grain doses of Phenacetine at night. Dr. Halliday (Virg. Medical Monthly) has found it excellent in cases of enuresis in children, five grains at bed-time, and in the troublesome too frequent micturition of enlarged prostate, especially where cystitis is present. In the latter cases he gives a large dose, as much as 20 grains at bed-time, with the happy result that the patient sleeps better and is not compelled to arise so often during the night. In a recent paper in the Medical Review Dr. G. C. H. Meier states that the influence of Phenacetine in blunting the nerves of sensation can be taken advantage of in some functional troubles of the genito-urinary system. In many cases of nocturnal incontinence in children he has observed that a dose of this drug given on retiring acted like a charm, and afforded prompt relief from this troublesome symptom if due to a hypersensitive condition of the neck of the bladder. Dr. I. J. M. Goss also regards Phenacetine as a precious remedy in the too frequent micturition from enlarged prostate and an irritable bladder or cystitis. In cases of the latter kind in which the urine is highly surcharged with acid he associates the administration of Phenacetine with that of carbonate of lithia and has been enabled by this treatment to effect a cure even in chronic and obstinate cases of chronic cystitis and irritable bladder. In the enuresis of children also his results confirm the favorable testimony of other observers.

Anæsthetics.

Professor Gurlt makes the following report on this subject to the Surgical Congress of Berlin :

The collective investigation has now been going on for five years. This year 52,677 new cases were reported, of which 31.803 were chloroform narcosis with 23 deaths, and 15,712 were ether narcosis with 5 deaths. In 2,148 cases narcosis was produced by a mixture of chloroform and ether, in 1,554 by the so-called Billroth mixture, in 1,425 by ethyl bromide, and in 34 by penthal. The use of ether has much increased. The mortality from chloroform seems to be much greater than that from ether; but very often grave disorders of the respiratory organs, such as pneumonia and bronchitis, result from the inhalations of ether, and death from those complications ought to be regarded as equivalent to death under anæsthetics. Ether was especially harmful after laparotomy. Dr. Schleich (Berlin) explained his theory of the action of anæsthetics. According to him they are more dangerous the more their boiling points differ from the temperature of the body. He has devised an anæsthetic mixture (chloroform and petroleum ether) whose boiling point is the same as the temperature of the body, and states that he has obtained excellent results, all the disagreeable symptoms (vomiting, &c.,) being absent. Dr. Rosenberg (Berlin) recommended that the mucous membrane of the nose should be brushed with a solution of cocaine before the commencement of the narcosis. Dr. Rehn (Frankfort) gave a warning against the use of chloroform near a gas-light, as ethylene chloride is formed.

Malarial Conditions.

For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachetic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

"Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.

Palmettine Hypophosphites.

A VITALIZING, NUTRITIVE TONIC,

This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

Each Fluid Ounce contains:

Saw Palmetto Berries, fresh,..... 120 grains.
Hypophosphite Lime,..... ..... 1½ "
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Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. In atropy of the prostate, so very frequently met with by the Physician, this drug operates in a most remarkable manner in overcoming the withered, blighted state of the gland. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra and as such, has been most favorably received by the progressive physician, and prescribed with most gratifying results.

Combined with the PURE SALTS of Hypophosphites its stimulating and soothing influence over the mucous membranes of the respiratory and the intestinal tract, render it a very valuable remedy in the treatment of chronic Bronchitis, Catarrhal, Scrofulous and Tubercular affections. It relieves coughs, improves the appetite and aids digestion.

DOSE.—One to two teaspoonfuls, or as directed by the physician.

☞ Reports of Cases, and Correspondence Invited.

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Manufacturing Chemists,

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Mention Charlotte Medical Journal.

Tetanus Antitoxin; Its Preparation and Properties.

Hewlett gives the following method: The cultures are made in "yeast flasks" of about 120 cubic centimetres' capacity, with a narrow glass tube attached to the neck, for the first inch or so passing horizontally outward, then bent downward at right angles. The neck of the flash is corked with a perforated rubber cork, through which a narrow glass tube passes to the bottom of the flask, projecting two inches above the cork. This projecting portion is loosely plugged with cotton. The flasks are filled with grape-sugar bouillon, sterilized, and inoculated after momentarily withdrawing the rubber cork and tube. The air is expelled from the flask and replaced by hydrogen by connecting the projecting glass tube with a Kipp apparatus. The gass bubbles through the bouillon and escapes from the side tube. After hydrogen has passed through for half an hour, a small capsule containing mercury is applied to the free end of the lateral tube so that its free end just dips beneath the surface of the mercury. The projecting end of the tube which passes through the rubber cork is then sealed off in the blow-pipe flame. The flask is thus filled with hydrogen which cannot escape, nor can air enter on account of the mercurial valve, though if any gas be formed during the growth of the organism it can escape, while the flask can be used again and again. The flask with the mercurial valve *in situ* is placed in an incubator at 37° C. After the lapse of two days the bouillon becomes turbid, and gradually a small precipitate, consisting chiefly of bacilli and spores, falls to the bottom. A surface film never forms. The culture can be used after it has been grown for three weeks, but preferably for a month. After five weeks' growth the virulence seems to diminish. Such a culture is so toxic that after filtration $\frac{1}{100}$ cubic centimetre is sufficient to kill a guinea-pig weighing 300 to 400 grammes. The cultures are filtered and an antiseptic (0.5 per cent. carbolic acid) is added to prevent subsequent putrefactive changes.

An Important Contribution to Diphtheria Antitoxine Literature.

One of the weightiest pieces of testimony in favor of the antitoxine treatment of diphtheria appeared in the last number of the "Archiv fur Xinderheilkunde." It is an article by Dr. Adolf Baginsky and Dr. Otto Katz. Dr. Katz gives very full histories of a hundred and sixty-seven cases of diphtheria treated with the Aronson Antitoxine. The authors say, that at the outset they were very skeptical concerning the antitoxine treatment, but that when they had seen case after case of the gravest kind take a most favorable turn after it had been employed, they came to the conclusion that it was time to reconsider. Their present impression is, that, while antitoxine is not a cure-all, it will exert the most favorable influence in the majority of the worst cases of diphtheria.—*N. Y. Medical Journal, May 18, 1895.*

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SOLD BY LEADING DRUGGISTS.

Empyema Occurring in an Infant.

Dr. Malcolm Mackintosh, M. D., of Glasgow, makes the following report of a very interesting case:

"The child in question was a female aged four weeks and four days who was found dead in bed beside its mother at an early hour on the morning of April 5th last. The parents are healthy, and the baby, who was born at full term after an easy confinement, showed no sign of anything abnormal. It was fed at the breast and never had any difficulty in taking its food easily and naturally. The mother noticed nothing worthy of remark until the evening before the child died, when she observed that it gasped several times in a way that she had not noticed before; but on referring to the nurse she was told that in all probability it was due to "wind," and the matter was allowed to drop. Post mortem the brain and abdominal organs were found to be free from disease, but on opening the thorax the cause of death was soon discovered. The left pleural cavity was full of pus, and the lung was represented by a small hard mass situated at the posterior part of the chest, which seemed to me never to have expanded at all. The amount of pus present was about eight ounces. It is a very interesting question as to whether the disease was present before birth or was a subsequent development."

Losophan in Parasitic Sycosis.

Ringworm of the bearded portion of the face, or barber's itch, as it is commonly called by the laity, is always a stubborn affection, especially in its later stages. This is due to the fact that the ringworm fungus rapidly extends from the surface to the hair follicles, as is evidenced by the breaking off and falling out of the hair. In consequence of the irritation produced by the growth of the fungus in the follicles inflammation results, and there is a formation of nodules on the surface of the skin. This is reddened and glossy and more or less covered with pustules, and the nodules in the course of time are apt to break down and discharge a glutinous material which dries into crusts. In the treatment of parasitic sycosis cleanliness is the first requisite; the parts should be washed with soap and hot water, and the hair in the affected region thoroughly epilated. After this has been done a germicide in solution or ointments should be applied, and among the numerous remedies recommended for this purpose, Losophan, a combination of two effective antiseptics, cresol and iodine, is deserving of especial attention. Careful experiments have shown that it rapidly destroys the parasite, without producing irritation. Losophan should be employed in 5 to 10 per cent ointments, but must be thoroughly dissolved in oil before being mixed with fats.

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Electricity as a Means of Diagnosis in Gynecology.

Houdarf believes that since electricity has been employed to advantage as a method of diagnosis in nervous diseases, it can also be a distinct help in the differential diagnosis of the diseases of the female genital organs. The principle of its application is as follows: That in every instance where the uterus is surrounded by healthy adnexa a continuous current of 100 to 150 or 200 milliamperes can be applied without symptoms; that in every instance where there is inflammatory disease there is intolerance to this current, and the application is always followed by pain or fever. The fever always indicates the presence of pus. Other conditions, as nausea, vomiting, headache, syncope, nervousness, and diarrhœa have been noticed in a few cases, and are of secondary value in diagnosis. They indicate either adnexa disease or hysteria. In those cases where intolerance is dependent upon nervousness, positive results can be gained by using the faradic current. Houdarf, after reporting the results observed by himself and other investigators in thirty cases, concludes: first, that by the use of electricity, the continuous or faradic current, the diagnosis of pelvic inflammatory disease is made much easier; that, as in every other method of clinical examination, it is not infallible. Second, that by means of the faradic current it is not possible to discover inflammatory disease surrounding the uterus, but ovarian and uterine pain of nervous origin can be isolated. Thus it can be determined whether the pain is due to organic disease or nervousness. Third, that the application of the continuous current of medium intensity (fifty-six milliamperes) is followed by no symptoms, or a reaction-pain, or fever. If no reaction follows, it is positive that no inflammatory disease of the uterine adnexa or neighboring organs exist. If pain or fever results, 90 times out of 100, there is present inflammatory disease of the adnexa or in the pelvis. Therefore, where there is intolerance, it is a positive indication for operation; on the other hand, where there is tolerance, operation is not indicated. Fourth, that with antiseptic precautions electrical examination is without danger. The contraindications for its employment are pregnancy and acute peritonitis.

Permanent Establishment for the Cure and Prevention of Hydrophobia.

The Legislature of the State of New York has before it a Bill to make permanent provision for the treatment of poor persons duly certified by regular physicians to have been bitten by rabid animals or otherwise put in danger of infection with rabies. The measure provides for the transportation at the public expense of such persons with necessary attendants to the Pasteur Institute in the city of New York to enable it to provide for these patients during the time of their treatment.

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of chronic bronchitis, rheumatism, kidney pain, goitre, and a host of other diseases yield to the influence of Gardner's Syrup of Hydriodic Acid, when all else fails.

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Cardiac Irregularity Consequent on Obesity.

At the recent Balneological Congress in Berlin, Kisch, of Marienbad, read a paper on this subject. He began by stating that no functional disturbance in the organism occasioned the individual so much anxiety and apprehension as when the regular action of the heart got disturbed. The educated man is so accustomed from infancy upwards to the regular work of his heart, and is so convinced of its supreme importance, that any disturbance of it readily arouses in him the fear that the heart may refuse completely its office. Kisch has seen medical men who had observed cardiac irregularity in themselves plunged thereby into deep mental depression. There is no reason for this; for, as the author pointed out, irregularity may awaken apprehension in grave disease of circulatory or respiratory apparatus, while, on the other hand, it possesses only trifling significance. The author discussed exhaustively from his own experience the cardiac arhythmia of obese persons. Slight irregularity, intermittence where, after a series of regular beats, a pause occurs, is observed in youthful patients with slight heart trouble, especially in young girls who exhibit the anæmic form of lipomatosis. Actual irregularity, in which regular beats and pulse pauses alternate, is seen chiefly in fat people who have already passed their fiftieth year, and in whom other symptoms of heart trouble are present. Complete irregularity, in which pulse waves alternating in tension and size regularly follow one another, is seen in cases of obesity with marked heart weakness in which there is dyspnœa, angina pectoris, pronounced backward pressure in the venous syetem, with œdema and dropsy. Kisch holds, in contradistinction to French authors, that simple cardiac intermittency and slight irregularity are not unfavourable as regards prognosis, and these cases may be seen, after a course of treatment directed to adiposity, to recover their pulse regularity. On the other hand, he regards the occurrence of complete irregularity, delirium cordis, as a sign of grave disturbauce of the heart mechanism which can never be completely removed, and is sometimes also the sign of suddenly occurring death. In conclusion the author discussed the origin, importance, and prognosis of bradycardia.

Some doctors are not chemists. Some doctors don't want to be, but they want to cure their patients just the same. Some doctors don't know the difference between a preparation and a product. A preparation of cod liver oil contains all the irritating and nauseating elements of the oil as well as its medical properties. Codliver Glycerine is a product of cod liver oil and contains only the active medical properties of the oil. That's what you want. That's what you get. You are looking for results. Codliver Glycerine gives results. It mixes readily with water and all medicines and is the strongest tissue builder known.

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Artificial Digestion.

The problem of nutrition is confessedly the *bete noir* of physicians. It is not therefore strange that much attention should have been given to the development of processes by which foods may be artificially digested outside of the body, and thus prepared for immediate assimilation without taxing the weak and debilitated system with this work, which, as is well known, involves the expenditure of no little energy.

Up to the present time, such efforts have proven somewhat abortive, for the finished products are as a rule so unpalatable that few patients can take them; not at least for any considerable length of time.

Paskola is the latest claimant for favor in this field, and it seems to possess decided advantages over anything that has heretofore appeared on the market. Its basis is a pure form of artificially-digested starch to which is added two-tenths of one per cent. of absolute hydrochloric acid (thus giving it the natural acidity of the gastric juice) and a combination of proteid or albumen-digesting ferments.

It is extremely palatable; in fact, when diluted, it tastes very much like lemonade and is relished by the most delicate stomachs.

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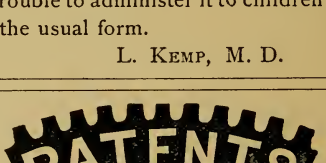

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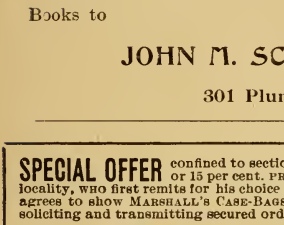

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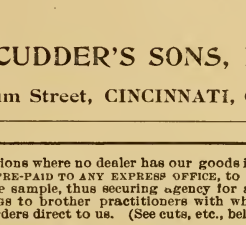

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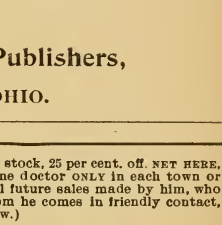

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